

REGISTRATION FORM

Name of Student		
Address	Postal Code	Home Phone #
Email (student)		
Birthdate (MM-DD-YYYY)	Gender: female / male	
Allergies		
Medication		
Mother's/Guardian's name		
Work #:	Cell #:	Email:
Father's/Guardian's name		
Work #:	Cell #:	Email:
Emergency Contact		

WAIVER

I agree that Elite Dance Academy will not be held responsible for any injury related to dance that may occur during the dance season.
Parent / Guardian Signature
Print name
Date