



## REGISTRATION FORM FOR ACADEMY CLASSES

Name of Dancer \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in School \_\_\_\_\_

Parents or Guardians \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contacts (Other than Parent) \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

School System \_\_\_\_\_ Years of Total Dance Training \_\_\_\_\_

**(Complete only if your dancer has previous training with another Academy)**

Academy \_\_\_\_\_ Instructor \_\_\_\_\_

Academy \_\_\_\_\_ Instructor \_\_\_\_\_

Please print this form and bring it with you