

**DESTINATION DANCE, LLC**  
**Registration Form**  
**2015-2016**

Date of Registration \_\_\_\_\_ 

\*Please Print Clearly

**BASIC INFORMATION**

Dancers Name \_\_\_\_\_ Dancer's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Previous Dance Experience (years/place/type) \_\_\_\_\_

**\*\*Parent Information if under 18 years old\*\***

**Mother's Information** - Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Place of work \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_  
**Father's Information** - Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Place of work \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

In Case of an emergency and parents cannot be reached, please list 2 contacts

1. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
2. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Does your dancer have any medical conditions or previous injuries? yes \_\_\_ no \_\_\_ Allergies? Y or N \_\_\_\_\_  
If yes, please specify \_\_\_\_\_

**ENROLLMENT**

Please list the classes you would like to be enrolled in:

Name Malachi Winterguard Day Saturday's Time Noon - 2PM (6/11/16-8/27/16)



**REFERAL**

Were you referred to Destination Dance by anyone? \_\_\_\_\_  
If so, who? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

**DESTINATION DANCE POLICIES & FEES**



**Liability:** \*Destination Dance is not responsible for providing before or after class care for students. Students are not to be left at the school for an excessive time before or after class.

\*The participant or parent/guardian of the participant assumes the risks associated with the programs and take full responsibility for the ramifications of his or her actions and physical condition while participating in this program. Destination Dance is not responsible for any injuries or lost or stolen property.

**Photo Release:** Destination Dance is hereby granted permission to take photographs of the students to use in brochures, websites, posters, advertisements and other promotional materials the studio creates. Permission is also hereby granted for the studio to copyright such photographs in its name.

**I have read and understand the above policies and procedures and agree to abide by them.**

\_\_\_\_\_  
Student Name (please print)                      Date

\_\_\_\_\_  
Signature of Parent or Adult Student                      Date