

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 12:30-2:30 PM (6/1/17-8/28/17)



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 _____