



NEW STUDENT REGISTRATION FORM

Registration Date: _____

STUDENT INFORMATION:

Name: _____ Age: _____ DOB: _____

Mailing Address:

Street Address	City	State	Zip
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Phone: _____ Cell: _____ Email: _____

PREVIOUS DANCE TRAINING:

CURRENT DANCE LEVEL (CIRCLE ONE):

<u>Ballet</u>	Beginning	Intermediate	Advanced	Professional
<u>Jazz</u>	Beginning	Intermediate	Advanced	Professional
<u>Modern</u>	Beginning	Intermediate	Advanced	Professional
<u>Hip Hop</u>	Beginning	Intermediate	Advanced	Professional
<u>Tap</u>	Beginning	Intermediate	Advanced	Professional

PARENT/GUARDIAN INFORMATION:

Mother's Name: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Father's Name: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

PUBLICITY RELEASE WAIVER

I hereby grant the Precision Dance Company permission to use my likeness/child's likeness in photograph(s)/video in any and all kinds of its publications, promotional items or its website without further authorization, now or in the future, in perpetuity. I will make no monetary or other claim against the Precision Dance Company for the use of the photograph(s)/video for Precision Dance Company promotional needs.

Print Name: _____

Signature: _____

Today's Date: _____

If under the age of 18, please have parent/legal guardian must sign

MEDICAL RELEASE/WAIVER

I, _____ understand that while dancing with Precision Dance Company, in class, rehearsal or performance, I/my child _____ may be at risk of physical illness or injury and I acknowledge that I/my child am/is assuming the risk of illness or injury by participating in these activities. In the event of illness or injury, I authorize Precision Dance Company to obtain necessary treatment on myself/my child's behalf. I further acknowledge and understand that I will be responsible for any and all medical related bills that may be incurred for any illness or injury I/my child may sustain while participating in Precision Dance Company classes, rehearsals, performances and/or activities. I hereby warrant that I have read this Medical Release/Waiver in its entirety and fully understand the contents.

Emergency Contact #1-

Name: _____ Relationship: _____

Home phone: _____ Cell Phone: _____

Emergency Contact #2-

Name: _____ Relationship: _____

Home phone: _____ Cell Phone: _____

Medical Information-

Primary Physician: _____ Phone Number: _____

Current Medications: _____

Insurance: _____ Policy #: _____

Allergies (if any): _____

Current/Previous Injuries: _____

Current/Previous Medical Conditions: _____