



REGISTRATION FORM

Name		Date of Birth		Age	
Mailing Address		City & Zip			
E-Mail Address		Home Phone			
Mother's Name		Mother's Cell Phone			
Father's Name		Father's Cell Phone			
Emergency Contact		Emergency Contact Phone			
Name & Age of Siblings					
Doctor's Name		Date of Last Physical			
Physical Limitations					
Medical Concerns					
Previous Dance Experience					

Individual Class Registration

Day	Time	Class

Office Use Only			
<input type="checkbox"/> QB	<input type="checkbox"/> OCN	Date Registered	
<input type="checkbox"/> BD	<input type="checkbox"/> TE	IR Received	



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Initials

Statement

_____ *Step Ahead Dance Studio, LLC* will occasionally use photographs of its students in promotional materials and advertising. I agree to the use of such photographs of my child by *Step Ahead Dance Studio, LLC*.

_____ *Step Ahead Dance Studio, LLC* provides a complete listing of Policies and Procedures to the parents of all students. I acknowledge I have read a copy of the Policies and Procedures and agree to all of the terms therein.

_____ I understand that there is an assumption of risk with all physical activity. I understand *Step Ahead Dance Studio, LLC* makes every effort to ensure a safe environment for all students, but accidents can happen despite best efforts. I understand that should an incident occur involving me, my child, or members of my family, while participating in classes or visiting *Step Ahead Dance Studio, Step Ahead* will not be held liable for any expenses or damages occurring as a result of these incidents. I understand that my personal medical insurance will be liable for any expenses.

Parent signature _____ Date _____

Please read and complete this form, sign, and return along with a \$30.00 non-refundable registration fee to *Step Ahead Dance Studio, LLC* at the address below. In the event that all classes for which a student registers are canceled by *Step Ahead Dance Studio, LLC* prior to the first day of class the registration fee will be refunded.