

2020

# DANCE DATE

## Workshops

### REGISTRATION FORM

Student Name \_\_\_\_\_

*If you are not enrolled at Sarah's Dance Academy please complete the information below.*

Student Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Mailing Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_ @ \_\_\_\_\_

Parent Name \_\_\_\_\_ School Name and Grade \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Known allergies and other pertinent medical information \_\_\_\_\_

*Please circle which class or classes:*

- ACRO Gymnastics for Dance (Miss Meagan) \_\_\_\_\_ March 6
- Hip-Hop (Mrs. Sarah) \_\_\_\_\_ April 10
- Lyrical/Contemporary (Mrs. Jenn) \_\_\_\_\_ May 1

**\$18 Per Class or \$50 All 3 Classes 7:00 pm — 9:00 pm**

**Total Amount Due \$ \_\_\_\_\_**

Recognizing the possibility of physical injury that is associated with dance, I hereby release, discharge, and/or otherwise indemnify **Sarah's Dance Academy** and its associated personnel, against any claim by or on behalf of the registrant's participation in this program. Further, my child has received a physical examination by a qualified physician and has been found to be physically capable of participating in this program. In case of an injury or illness and a parent cannot be reached, the staff of **Sarah's Dance Academy** may authorize medical attention be given to the student listed above.

Office Use	Office Use
Date Rec'd ____/____/2020____	Entered ____/____/2020____
Amount Paid \$ _____	Entered By _____
Check # _____ Cash	Confirmation? Y / N
Received By _____	