

**SECTION 1: DANCER INFORMATION**

Students Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian Names: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Do you prefer text notifications? Y N  
Medical conditions/allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 2: REFERRAL INFORMATION**

How did you hear about Adair Dance Academy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3: CLASS INFORMATION**

Please list classes of interest to you or your child. If you are a current student, please see Stef for a placement recommendation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Please list any days or times that will ABSOLUTELY NOT work for you \_\_\_\_\_  
\_\_\_\_\_

**SECTION 4: PAYMENT INFORMATION**

Please check any of the following you would be interested in  
\_\_\_\_ Auto withdraw  
\_\_\_\_ Credit Card payment  
\_\_\_\_ Annual payment in full

**SECTION 5: COMPLIANCE**

\$50 registration/recital fee paid \_\_\_\_ Y \_\_\_\_ N  
I have read and agree to the terms of compliance set forth by the ADA handbook \_\_\_\_ Y \_\_\_\_ N

**SIGNATURE:** \_\_\_\_\_