



217-732-9137

Fall _____
Summer _____

PLEASE PRINT ALL INFORMATION

Student's Name _____ Date of Birth _____
(Last) (First)

Parent's Name(s) _____

Address _____
(Please list street, city & zip)

Phone _____ (Home) (Cell) (Work)

Email address _____

School _____ Grade _____ Dismissal Time _____

Previous Training(Please include # of years & style of dance)

Medical Concerns(Allergies/injuries/etc) _____

Are statements to be sent to the above address? _____ Yes _____ No

If no please list here: Name _____
Address _____
Phone _____

Type of dance(s) desired _____

Earliest time class may be scheduled _____ Days IMPOSSIBLE to attend _____

It is to be understood by the parents & students that the studio is not responsible for accidents, injury, or loss suffered on the studio premises, or in connection with their classes, rehearsals, performances, or travel to & from off premises rehearsals & performances.

Parent's Signature _____

THIS SECTION TO BE COMPLETED BY INSTRUCTOR

Class Style _____ Day _____ Time _____ Instructor _____

Class Style _____ Day _____ Time _____ Instructor _____

Class Style _____ Day _____ Time _____ Instructor _____