

Absolute Dance Company

Student Registration Form

Student's Name (First & Last): _____ Date of Birth (if under 18): _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Home Telephone #: _____

Mother's Name: _____ Mother Cell #: _____

Father's Name: _____ Father Cell #: _____

Name of Responsible Party: _____

If address and phone numbers are different from above please include:

Telephone #: _____

Street: _____ City: _____ State: _____ Zip: _____

Would you prefer to receive dated communications from us via email? Yes No

If yes, please provide proper email address: _____

How did you hear about Absolute Dance Company? _____

Agreement for Participation

I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury. Absolute Dance Company is not responsible for personal property.

I have received the student handbook and agree to adhere to all the content stated therein including:

- *Studio Policies *Tuition & Payment Information *Dress Code
- *Additional Parking *Inclement Weather Policy *Calendar

I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable.

I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Date: _____ Signature: _____

Please list the class(es) you wish to enroll in.

Style & Level	Age Group	Day/Time/Instructor	Tuition Due
1.			\$
2.			\$
3.			\$
4.			\$

Dance Pass students please list additional classes below:

- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____

SUB-TOTAL: \$ _____

10% Multiple Class Discount: \$ _____ ()

SUB-TOTAL: \$ _____

Registration Fee: \$ 30.00

TOTAL: \$ _____

Amount Paid (Min. \$30.00): \$ _____

Balance Due: \$ _____

Payment Type: _____

Absolute Dance Company

Emergency Contact Information

Please fill out the following information and return by the student's first class.
Thank you.

Student Name: _____
Mother's Name: _____ Father's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Mother's Work #: _____ Cell #: _____
Father's Work #: _____ Cell #: _____

Emergency Contact if parents are unreachable:

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____ Cell #: _____

Allergies (Medication, Environment, Food, etc.):

Medical Information we should know (ex. Asthma, ADHD, diabetes):

Medications student is currently taking:

Pre-Existing Condition (ex. congenital, injury, chronic):

