

Defying Gravity Dance Studio

Student Registration Form

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

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Home Telephone #: _____ Email: _____

Parent/Guardian Name: _____ Cell #: _____

Parent/Guardian Name: _____ Cell #: _____

Emergency Contact: _____

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

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

Please advise us of any medical conditions that may affect the student's participation:

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. **Defying Gravity Dance Studio** is not responsible for injury personal property.

I understand that any pictures taken in the studio or at studio performances may be used in publicity for the studio. Initial _____

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

*Studio Policies

*Tuition & Payment Information

*Dress Code

*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.

1. Class: _____ Day: _____ Time: _____

2. Class: _____ Day: _____ Time: _____

3. Class: _____ Day: _____ Time: _____

4. Class: _____ Day: _____ Time: _____

5. Class: _____ Day: _____ Time: _____

6. Class: _____ Day: _____ Time: _____

7. Class: _____ Day: _____ Time: _____

8. Class: _____ Day: _____ Time: _____

How did you hear about us?

How many years of dance studied _____

at Defying Gravity _____