

**DDA STUDENT INFORMATION**

PLEASE **PRINT CLEARLY** AND **FILL OUT COMPLETELY**.

**STUDENT NAME & AGE:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ **FATHER'S NAME:** \_\_\_\_\_

**FAMILY EMAIL:** \_\_\_\_\_

**PHONE TO RECEIVE TEXT:** \_\_\_\_\_

**STUDENT'S CELL:** \_\_\_\_\_

**MAILING ADDRESS:**

**STREET** \_\_\_\_\_

**CITY** \_\_\_\_\_

**ZIP CODE** \_\_\_\_\_

**EMERGENCY CONTACT NAME & PHONE NUMBER:**

**ANY MEDICAL CONDITIONS/ALLERGIES:**

**I HAVE READ, UNDERSTAND AND WILL FOLLOW THE DRESS CODE AND THE DDA'S DANCING WAYS, INCLUDING THE COVID 19 PROCEDURES.**

**SIGN & DATE** \_\_\_\_\_