

# 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 \_\_\_\_\_