



## REGISTRATION FORM

<b>How did you hear about us?</b> Newspaper Ad, Website, Telephone Book, Google, Referral, Performance, Other. (Circle all that apply)	<b>Referral Name:</b>	* - denotes required fields.
<b>Family Information: *Family Name:</b>		
<b>*Contact #1 First Name:</b>	<b>*Last Name:</b>	<b>Type:</b> Father Mother Guardian Other
<b>*Home Phone#</b>	<b>*Work#:</b>	<b>*Cell#:</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email Address: (Emails are kept confidential)</b>		
<b>Employer:</b>	<b>Employer Phone:</b>	<b>Employer Notes:</b>
<b>Contact #2 First Name:</b>	<b>Last Name:</b>	<b>Type:</b> Father Mother Guardian Other
<b>Phone Number:</b>	<b>Email Address:</b>	
<b>Employer:</b>	<b>Employer Phone:</b>	<b>Employer Notes:</b>
<b>Health Insurance Provider:</b>		
<b>*Emergency Contact Info (Other than Parents):</b>	<b>Membership Type: Single Class, Every 4 weeks, 12 weeks (Circle one please)</b>	
<b>*Student #1 Information:</b>		
<b>Student's First, Middle, Last Name:</b>		
<b>Student Gender:</b> Female/Male	<b>Birth Date:</b>	<b>Student Email:</b>
<b>School:</b>		<b>Grade:</b>
<b>Transportation:</b>		
<b>Disabilities:</b>		
<b>Allergies:</b>	<b>Medications:</b>	
<b>Primary Doctor:</b>		



<b>*Student #2 Information:</b>		
<b>Student's First, Middle, Last Name:</b>		
<b>Student Gender:</b> Female/Male	<b>Birth Date:</b>	<b>Student Email:</b>
<b>School:</b>		<b>Grade:</b>
<b>Transportation:</b>		
<b>Disabilities:</b>		
<b>Allergies:</b>		
<b>Medications:</b>		
<b>Primary Doctor:</b>		
<b>*Student #3 Information:</b>		
<b>Student's First, Middle, Last Name:</b>		
<b>Student Gender:</b> Female/Male	<b>Birth Date:</b>	<b>Student Email:</b>
<b>School:</b>		<b>Grade:</b>
<b>Transportation:</b>		
<b>Disabilities:</b>		
<b>Allergies:</b>		
<b>Medications:</b>		
<b>Primary Doctor:</b>		
<b>WAIVER &amp; MEDICAL RELEASE FORM</b>		
<p>I _____ (parent/guardian's name) hereby give permission for any and all medical attention to be administered to my child _____ (child's name) in the event of an accident, injury, sickness, etc. under the direction of the physician (s) listed on this form or at any necessary emergency facility, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. I understand and agree to hold harmless, all instructors, assistants, aides, managers and all affiliates to Sarita's Dance Studio, Inc. for any and all injuries that may result from my child/me participating in Sarita's Dance Studio, Inc. program. In addition, I agree to give Sarita's Dance Studio and any sponsoring agency permission to use any photos of myself/child to promote Sarita's Dance Studio, Inc.</p>		
<b>SIGNATURE (PARENT/GUARDIAN)</b>		

