

Dance Force Studios LLC

Class/Team Registration Form

Student Information (Please Print)

Student Name (1st Child)

First Last

M/F Age _____

DOB _____

Class: I _____

Class II : _____

Class III: _____

Students Name (Second Child)

First Last

M/F Age: _____

DOB: _____

Class I _____

Class II _____

Class II _____

Family Information

Street Address _____

City/State _____ Zip Code _____

Mother's Name _____ Father's Name _____

Mother's Cell _____ Father's Cell _____

Mother's Email _____ Father's Email _____

Parental Photo/Video Usage Waiver: By signing this waiver, I agree to allow Dance Force LLC to use and reproduction of photographs and digital images (Photo and video) taken of the children listed above for the purpose of marketing, internet marketing, public relations, and promotions.

Parent signature

Date

Emergency Contact:

Please provide the name of someone we can call incase we can not reach you in an emergency.

Name

Phone Number

Medical Information

Physician's Name _____ Phone Number _____

Medical Insurance Company _____ Policy # _____

Are There any medical conditions to which we should be alerted? _____

As a parent or legal guardian, I understand that registration at Dance Force LLC is dependent upon acceptance of the terms set forth on the Participation Agreement on the reverse side of this form.

Signature of Parent or Legal Guardian

Date