

The Dance Studio



Date: _____

Family Registration Form

Family Name: _____

Student(s): #1 _____

Sex: F M Date of Birth ____/____/____

School: _____ Grade: _____

#2 _____

Sex: F M Date of Birth ____/____/____

School: _____ Grade: _____

Home Address: _____

Primary Phone: _____

Secondary Phone: _____

Parent/Guardian #1: _____

Work/Phone: _____

Email Address: _____

Parent/Guardian #2: _____

Work/Phone: _____

Email Address: _____

Disclaimer:

By registering with The Dance Studio, all parents, guardians, and students understand and assume all risks involved in connection with dance instruction, rehearsals, and training including but not limited to risk of bodily injury occurring as a result of contact with other students, instructors, walls, equipment, floors, and other objects located in our building. Through registration, students declare that they are physically fit and able to participate in all activities involved in dance instruction, training classes, rehearsals, and performances and assume the risk of such.

Include your \$25 Registration Fee and mail to:

The Dance Studio
Sycamore Plaza
920 Ida
Poplar Bluff, Mo 63901