

# Dance Force Studios LLC

## Class/Team Registration Form

### **Student Information (Please Print)**

Student Name (1st Child) \_\_\_\_\_

First Last

M/F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Class: I \_\_\_\_\_ Day: \_\_\_\_\_ Class II : \_\_\_\_\_ Level/Day: \_\_\_\_\_

Students Name (2nd Child) \_\_\_\_\_

First Last

M/F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Class I: \_\_\_\_\_ Level: \_\_\_\_\_ Class II: \_\_\_\_\_ Level: \_\_\_\_\_

### **Family Information**

Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Father's Employer \_\_\_\_\_

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

Date

### **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