



STUDIO M

Dance Academy, LLC.

REGISTRATION FORM

Student #1: _____ Birth date: ___/___/___ Age: _____ New or Returning
N R
 Student #2: _____ Birth date: ___/___/___ Age: _____ N R
 Student #3: _____ Birth date: ___/___/___ Age: _____ N R
 Student #4: _____ Birth date: ___/___/___ Age: _____ N R

Address: _____ City _____ St _____ Zip _____

E-mail: _____ Cell Phone: _____

Add to email mailing list? Yes ___ No ___

Mother's Name: _____ Phone: _____ Wk: _____

Father's Name: _____ Phone: _____ Wk: _____

Person Responsible for Payment: (If other than parent) _____

Address: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Relationship: _____ Preferred Hospital: _____ Physician's Name: _____

Any medical conditions we should be aware of? _____

How did you hear about SMDA? _____

Please enroll me in the following classes:

Student: # ___ Day & Time: _____ Class: _____

Student: # ___ Day & Time: _____ Class: _____

Student: # ___ Day & Time: _____ Class: _____

Student: # ___ Day & Time: _____ Class: _____

Student: # ___ Day & Time: _____ Class: _____

By signing below, I understand that there is a potential for injury with participation in any sport, including all classes at Studio M Dance Academy; and, while Studio M Dance Academy, its owners, directors and teachers, will make every reasonable effort to eliminate potential for injury, such injury may still occur. I understand this risk and agree to hold Studio M Dance Academy, its owners, directors, and teachers harmless from any and all liability connected with any injury arising out of participation in classes at Studio M Dance Academy.

Signed: _____ Date: _____

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■■■■■	■■■	■■■ ■■	■■■	■■■ ■■	■■■	■■■ ■■	■■■
■■■■■	■■■	■■■ ■■	■■■	■■■ ■■	■■■	■■■ ■■■■■	■■■

Date Starting Lessons: _____
Date of Enrollment: _____
Date Welcome Letter Completed: _____
Registration Fee(s): Cash _____ Date Rec'd: _____ Check _____

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all had				had had			