

# 2018-19 REGISTRATION

STUDENT NAME

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STUDENT'S AGE

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PARENT(S) NAME

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ADDRESS

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PHONE #

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PLEASE INCLUDE 2 NUMBERS

EMAIL ADDRESS

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PLEASE PROVIDE AN EMAIL THAT IS CHECKED OFTEN

DATE OF 1ST CLASS (MONTH & YEAR)

AT THIS STUDIO, EVER

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CLASS(S) ENROLLING FOR 2018-19

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I understand that dance is a recreational sport, and as with any other recreational sport there is a risk for injury. In the event that my child should receive an injury, I will not hold Eagle Dance Center nor the instructor responsible for such injuries.

I give permission for my child's photo to be used for promotional use for the studio.

In addition, I have received and read a copy of the studio policies and agree to all policies enclosed.

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PARENT SIGNATURE

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DATE