



Registration Form

Student Information

Students full name: _____ Students date of birth: _____

Address: _____

Primary phone number: _____ Relation to student: _____

Secondary phone number: _____ Relation to student: _____

Email address: _____

Name of person responsible for paying dance fees: _____

Medical

Please list any allergies/injuries/medical conditions or other special needs we should be aware of:

Will the student need any medical attention during class? If yes, please explain:

Legal release and policy acceptance.

By signing this form, you are agreeing that you understand & accept the following statements;
For under 18's the parent/guardian must accept policies on behalf of the student.

I understand the studio policies. I understand the risks related to dance. I understand my responsibility to be aware of any personal injuries & therefore take actions required not to prolong/further injury. I understand my responsibility to notify the instructor of any injuries or medical conditions that they should be aware of. I understand Diverse Dance Works use photos/media from classes/events within their website/social media & I give students permission to be included. I understand my billing obligations. I understand my responsibilities for my property. I understand the dress code.

Exiting policy:

Should the student stop any classes, 4 weeks notice or the equivalent in fees is required.

Where did you hear about us? _____

Signature of responsible party: _____ **Date:** _____

Print name of responsible party: _____