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525-3229

## Registration Form

Name \_\_\_\_\_ Age on Sept. 1, 2008 \_\_\_\_\_ Birth date \_\_\_\_\_

Grade he/she will start in the fall of 2008 \_\_\_\_\_ School (fall 2008) \_\_\_\_\_

Parents name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Alternate phone numbers: Mother \_\_\_\_\_  cell  work - employed by \_\_\_\_\_

Father \_\_\_\_\_  cell  work - employed by \_\_\_\_\_

e-mail address: \_\_\_\_\_  *would prefer to receive class info via e-mail including performance times, notes to parents, etc.*

Where did you hear about Dance Tech? \_\_\_\_\_

***If living part time with other parent, please provide following:***

Parents name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_



### Student Health Status

Please discuss any special conditions, medications, aches/pains, handicaps, allergies, etc., that we should be aware of (*use back of form if necessary*): \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency contact (*if parent not available*) \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy number \_\_\_\_\_



### Release

I understand that there are inherent risks associated with dancing and related activities, and I understand it is my responsibility (and not the responsibility of Dance Tech) to maintain medical insurance for my child, \_\_\_\_\_, while enrolled at Dance Tech. I agree to release Dance Tech, and all Dance Tech instructors and personnel, from responsibility of personal injury, loss of property, and all other hazards that may occur to my child while participating in activities related in any way to their association with Dance Tech. I also authorize Dance Tech to obtain emergency treatment for my child if they are injured or become ill during said activity.

Class(es) this dancer is registering for: \_\_\_\_\_

\_\_\_\_\_  
Name of Parent or Guardian (Printed)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Office use only
Received by: _____