

## Dance Unlimited Studio Registration 2021-2022

PLEASE WRITE LEGIBLY – EMAILS ARE USED FOR INVOICING!

**Mother/Guardian Name:** \_\_\_\_\_

Mom Phone: \_\_\_\_\_ (Text Y or N) Mom Email: \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

Father Phone: \_\_\_\_\_ (Text Y or N) Father Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: IA Zip Code: \_\_\_\_\_

**Student #1 Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Allergies: \_\_\_\_\_ Student Cell (If Applicable): \_\_\_\_\_

**Student #2 Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Allergies: \_\_\_\_\_ Student Cell (If Applicable): \_\_\_\_\_

Does your dancer(s) have prior dance experience?

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### Schedule & Availability Info

Although it is impossible to schedule around many busy families, we certainly do our best. Please indicate days/times that **YOU ARE ABSOLUTELY UNABLE TO MAKE DANCE LESSONS** or have no one to carpool with. Remember to include items such as cheer/dancer practices, piano, sports, etc.

Monday		Tuesday		Wednesday		Thursday	
Time	Activity	Time	Activity	Time	Activity	Time	Activity

### Photo & Video Release

Does Dance Unlimited Studio have permission to use photos and/or videos of this student (never using the full last name) on the studio website, email newsletters, or Facebook?

Yes  No  Please ask on case-by-case basis.

As a parent/guardian to the child(ren) listed above, I give Dance Unlimited the authority to seek medical attention for said child(ren) in the event I cannot be reached. I also agree to release Dance Unlimited from any responsibility of accident or injury that should occur while at the studio or at any dance related activities outside of the studio.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

This form must be returned along with a \$25 registration fee **per child** ASAP so scheduling can begin for the fall.

You acknowledge that you have received a copy of the dance studio policy and understand the requirements?

Yes  No

**Office Use Only:** Registration Fee Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash# \_\_\_\_\_