



STUDIO OF DANCE ARTS

1344 Choccolocco Road  
Anniston, AL 36207  
(256) 835-5002

Class Day \_\_\_\_\_

Time \_\_\_\_\_

Your first  
class will meet \_\_\_\_\_

## REGISTRATION FORM

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

List any previous dance training: \_\_\_\_\_

Names and phone numbers of all persons who may pick-up your child from class, or whom may be contacted in case of any emergency: \_\_\_\_\_

To help us with our records, please list the person responsible for payment exactly as it will appear on the check. Our payment system is set up using last names of the responsible party:

***IF YOU DECIDE TO WITHDRAW YOUR CHILD AFTER REGISTERING, you must notify the studio immediately so that the space may be filled. CLASSES MISSED DUE TO ILLNESS, INJURY OR VACATION, may be rescheduled for the next month.***

Parent Permission Waiver:

"I give permission for my child \_\_\_\_\_, to participate in the dance arts at *"In His Steps."* I know of no medical reason which would prevent my child from participating safely. I assume the risk of injury to my child in this event and give up any and all claims for damages I may have against *"In His Steps"* Studio of Dance Arts.

Signature of Parent/Guardian

Date

***\$25 REGISTRATION FEE MUST BE INCLUDED WITH THIS FORM***