



## Registration Form

### *Participant Information*

Legal Name: \_\_\_\_\_

\*Goes by: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

### *Parent/Guardian Information*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (cell) \_\_\_\_\_ (work/home) \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (cell) \_\_\_\_\_ (work/home) \_\_\_\_\_

Email: \_\_\_\_\_

### *Alternative Emergency Contact:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (cell) \_\_\_\_\_ (work/home) \_\_\_\_\_

*Please list any medications or medical conditions.*

\_\_\_\_\_  
\_\_\_\_\_

*Insurance Information (must be complete to participate)*

**Insurance Company:** \_\_\_\_\_

**Subscriber Name:** \_\_\_\_\_

**ID Number:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_

**How did you hear about us?**

☐ Referred by friends/family

☐ Facebook

☐ Web Search

☐ Other: \_\_\_\_\_



**Please indicate the classes you wish to register for:**

- |                                  |  |                                       |
|----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Ballet  | <input type="checkbox"/> Dance Team Prep   | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hip Hop | <input type="checkbox"/> Technique         | <input type="checkbox"/> Combo Class  |
| <input type="checkbox"/> Jazz    | <input type="checkbox"/> Creative Movement | (please circle                        |
| <input type="checkbox"/> Acro    | <input type="checkbox"/> Dance With Me     | styles)                               |

**Student & Parent Agreement and Release of Liability Waiver**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, have thoroughly read the *Stellar Dance Center* Student & Parent Handbook. I understand these rules are in place to ensure the best possible learning experience and for the physical and psychological safety of all stakeholders with *Stellar Dance Center*. I understand that failure to follow these expectations may result in my dismissal or my child's dismissal from *Stellar Dance Center*.

I understand that physical exercise can be strenuous and subject to risk of serious injury, and the participant is urged to obtain a physical examination by *SDC* from a doctor before participating in any dance activity. I understand that even graduated instruction by a qualified instructor and mastery of dance skills may still result in injury due to the physical nature demanded in dance activities. I agree that if I or my child(ren) engage in any dance exercise or dance activity, I do so entirely at my own risk.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Participant Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**OFFICE USE ONLY**

Total Class Hours: \_\_\_\_\_

Clerk Initial: \_\_\_\_\_

Total Monthly Fees: \_\_\_\_\_

**Student Withdraw Date:** \_\_\_\_\_

Registration Fee Received: \_\_\_\_\_

**Clerk Initial:** \_\_\_\_\_