

APRIL SCHOOL OF DANCE

Registration Form

I hereby make application for enrollment in the *April School of Dance*, and having read the rules and regulations of the school, I agree to abide by said rules and regulations. The person signing this application/registration form accepts full responsibility for the Rules and Regulations of *April School of Dance*. S/he also releases the dance facility, *April School of Dance* its associates, teachers, and the owner(s) of the studio location from any liability in the event of accident, injury, disability or death as a result of participation.

PLEASE WRITE LEGIBLY

Student Name _____

Date of Birth _____ **Age** _____ **Grade** _____

Address _____ **City** _____ **Zip** _____

Home Phone _____ **Student Cell Phone** _____

Email Address _____

(X) Subjects You Are Taking:

Pre-Dance _____

Combo K & 1st _____ Tumbling _____ Tap _____ Jazz _____ Acro _____

Hip Hop _____ Ballet _____ Musical Theatre _____ Stretch/Turn/Jump _____

Pointe _____ Contemporary _____ Adult Tap _____ Adult Hip Hop/Jazz _____

Please list any health conditions the instructors should be aware of:

SIGNATURE NEEDED _____

DATE _____

(Students under 18 must have parent/guardian signature)

Mother's full name _____ **Phone** _____

Father's full name _____ **Phone** _____

Emergency contact _____ **Phone** _____

PLEASE COMPLETE FORM, AND MAIL NON-REFUNDABLE \$10 REGISTRATION FEE TO:

April School of Dance – 644 Kemmer Road – Kersey, PA 15846

April School of Dance requests your permission to use the above student's picture for studio publications, website, social media, print media, or televised media.

I Give Permission _____ **Do Not Give Permission** _____