



8919 Ne Falls Road, Levittwon, PA

19054

215-946-4530

# REGISTRATION FORM

Student's Full Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent's Email \_\_\_\_\_

Student's Email \_\_\_\_\_

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

Parent's Cell \_\_\_\_\_ Student's Cell \_\_\_\_\_

Student's Birthdate \_\_\_\_\_ Current Age \_\_\_\_\_

Prior Training/with Whom \_\_\_\_\_

How Long \_\_\_\_\_ Type of Dance \_\_\_\_\_

Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### List of Emergency and Pick Up Phone Numbers

Emergency Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

#### Other Comments

I attest that I am/my child is physically fit and prepared for this program. In signing this release, I acknowledge that I understand the intend thereof, and hereby agree and will absolve and hold harmless STEP II DANCE CENTER, all of their employees and agents from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation in this program or any activities associated herewith. I also hereby consent to permit emergency treatment in the event of injury or illness.

I UNDERSTAND THAT ALL FEES (tuition, costume, tickets, etc.) ARE NON-REFUNDABLE.

Signature of Student (over 18) or Guardian\*

Type your full name below. By typing your full name, you are legally signing this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_