

Community Education Dance Registration

Student Name _____

Grade Level _____

Date of Birth _____

Address _____

City _____ Zip _____

Parent/Guardian _____

Cell Phone _____

Work Phone _____

Home Phone _____

Email _____

Emergency Contact _____ Relationship _____

Phone _____

Health Concerns _____

Statement for Insurance Purpose: I give permission for my child _____
to participate in Dance and agree to release any and all persons supervising and assisting in the
program from any liability for injuries that my child may sustain while participating in this
program. I also understand that I will assume all financial responsibility for any medical expenses
that may be required to treat injuries sustained while participating in this activity. In the event
that I am unable to be contacted, I hereby give permission to provide emergency first aid and/or
medical care for my child.

Parent/Guardian Signature _____

Date _____