

Student # _____
Family # _____

DANCE EXPRESSIONS

STUDENT REGISTRATION FORM

Student Name _____ Birth date _____

Parents/Guardian _____

Mailing Address _____

City _____ Zip _____

Phone _____ Cell _____

E-Mail _____

Emergency Contact _____ Phone # _____

PLEASE LIST CLASSES BELOW

(INCLUDE CLASS DAY, TIME AND LEVEL)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

*Please list any injuries or medical conditions or learning disabilities that may affect your participation in dance class:

*Photos of dancers may be posted on our website, www.mvdanceexpressions.net and are the property of Dance Expressions. By signing below you give permission to have your dancer's photos on our website and publications. For the safety of our students, no names will be associated with any photos.

Signature: _____ **Date:** _____

I have received the student handbook: _____ (initial here)