

Fall Registration

Dancer's Name: _____

Address: _____

Date of birth: _____

Home #: _____

Cell #: _____

Years of Dance Experience: _____

List Previous

Training: _____

Medical info. (Any allergies, asthma, physical limitations):

* A non-refundable registration fee of \$20 is due upon registering.

I fully understand that Ashley MacLeod or Dance Dreams nor its staff can or will be held responsible for injuries and/or loss of property while the above listed student attends any class activity held at or away from the dance studio. All photographs taken remain the property of Dance Dreams and may be used for studio viewing or advertising purposes.

Parent

signature _____ Date _____