

Alabama Dance Academy

REGISTRATION FORM

STUDENT'S NAME: _____ D.O.B. _____

PARENT/GUARDIAN: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____ *Check if this is a new address*

HOME PHONE: _____ WORK PHONE: _____

OTHER PHONE #: _____ TYPE: _____

OTHER PHONE #: _____ TYPE: _____

E-MAIL ADDRESS: (for Alabama Dance Academy use only. This will not be shared):

EMERGENCY CONTACT (PLEASE GIVE CONTACT INFORMATION):

YEARS OF TRAINING AT ALABAMA DANCE ACADEMY: _____

CLASSES ENROLLING IN:

Class Title	Day of Class	Time of Class

I understand that neither the Alabama Dance Academy nor any of its instructors will be responsible for any accident or injury incurred on the premises. It is advised that all dance students be covered by their own family insurance policies, as this is your only source of reimbursement. I give permission for Alabama Dance Academy to use photographs of my child in Alabama Dance Academy related activities on the ADA Web site. I understand that no child will be identified by name on the Web site. I have read, understand, and agree to the policies stated in the Alabama Dance Academy Policy and Information Sheet.

Signature of Responsible Parent/Guardian

Date

Driver's License Number