

Registration fee (\$10) must accompany form to ensure class position.

OFFICIAL REGISTRATION FORM

Dance In Motion

309 N Cedar

Abilene, KS

PHONE: (785)263-3209

Student Name **First** _____ **Last** _____

Address _____

City _____ **State** _____ **Zip** _____

Guardian Name #1 _____

Guardian Name #2 _____

Home # () _____ **Pager/Cell Phone ()** _____

Work or additional phone # _____

Student Birthday _____ **Age** _____ **Grade** _____

Email Address _____

Emergency Contact _____ **Number** _____

(Other than above)

Class 1 _____ **Day** _____ **Time** _____

Class 2 _____ **Day** _____ **Time** _____

Class 3 _____ **Day** _____ **Time** _____

Class 4 _____ **Day** _____ **Time** _____

Class 5 _____ **Day** _____ **Time** _____

By signing this form, the parent/adult is assuming any and all responsibility for the student, including financial obligations. The parent/adult also agrees that in event of injury at *Dance In Motion*, the parent is solely responsible. The parent/adult signing below has also received a copy of the studio policies, and has read and understands all policies.

Signature _____ **Date** _____

If your child has any special needs or medical problems, please list below.