

**STUDIO A**  
**REGISTRATION FORM**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Birthdate \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone No. \_\_\_\_\_

Email address (required): \_\_\_\_\_

---

Please list and explain any existing medical or health problems / situations which the teacher should be aware of (asthma, diabetes, epilepsy, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Specify classes desired (day and time):

- |          |           |
|----------|-----------|
| 1. _____ | 7. _____  |
| 2. _____ | 8. _____  |
| 3. _____ | 9. _____  |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

Amount paid (Please include \$15 annual registration fee) \$ \_\_\_\_\_

How did you hear about STUDIO A? \_\_\_\_\_

**Waiver and Release**

**I hereby release the officers, directors, employees, and contractors of Studio A Dance Instruction, Inc. from any and all claims for damages, injuries, and property loss which I or my children may sustain while participating in any activity connected with Studio A.**

---

Signature of Student (or legal guardian, if student is under 18 years of age)

\_\_\_\_\_

Date

**I hereby give permission to Studio A to use pictures of my child, \_\_\_\_\_, in their brochure and/or website. It is understood that no names will be included with these pictures.**

---

Signature of Parent/Legal Guardian

Date