

Dance Alive! Dance Studio , Inc.  
Registration Form 2008-2009 Dance Season

Dancer's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Parent /  
Guardian: \_\_\_\_\_  
\_\_\_\_\_

Address (if different)  
\_\_\_\_\_

Home Phone # \_\_\_\_\_ Alternate Phone #  
\_\_\_\_\_

Parents e-mail address  
\_\_\_\_\_

Please initial your choice:

I choose to receive studio newsletters, updates, and important reminders via e-mail \_\_\_\_\_

I will be responsible to pick up newsletters etc. myself at the studio office  
\_\_\_\_\_

I allow Dance Alive! Dance Studio to use pictures of my child in newspaper articles and postings on the Dance Alive! website YES \_\_\_\_\_ NO \_\_\_\_\_ Please initial

Emergency contact \_\_\_\_\_ relationship to  
dancer \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

I hereby release Dance Alive! Dance Studio, Inc., associated agencies, staff, and sub-contracted instructors from any and all damages or injuries my child or I may sustain while participating in or traveling to or from any dance studio class, activity, or performance. I have read the dance studio policies and financial responsibilities and will be in compliance with the mentioned requirements and addendums as they occur.

Signature \_\_\_\_\_

Date \_\_\_\_\_