

Sara's Studio of Dance
Registration form

Today's date _____

Dancer Information

First Name: _____ Last Name: _____
#of years at Sara's including _____

Gender - Female Male Age: _____ DOB: _____

School: _____ Grade: _____

Street Address: _____

City: _____

State: _____

Zip code: _____

Health insurance carrier: _____

Primary

Doctor: _____

Disabilities: _____

Allergies: _____

Mother/Guarding contact information

Name: _____

Home phone: _____

Cell

phone: _____

Email: _____

Employer: _____

Phone: _____

Emergency contact: list someone other than parent to contact in case of emergency:

name: _____

Phone: _____

Father/Guardian Contact information:

Name: _____

phone: _____

email: _____

Employer: _____

Sara's Studio of Dance will not be held responsible for any accidents, which may occur while my child is taking Dance/tumbling and/or cheer classes. My signature indicates that I have read and agreed to all of the Sara's Studio Policies listed on the separate information sheet

Date

Parent/Guardian Signature