

ESSEX DANCE ACADEMY
Registration Form
2019 – 2020

Student Name _____

Address _____

City, State, Zip _____

Parents' Names _____

Birth date _____ Grade in School _____

Home Telephone # _____ E-mail _____
(your email address **WILL NOT** be shared with third parties.)

Cell Phone _____ Work phone _____

Allergies or medical conditions _____

Emergency Contact _____

Emergency Telephone # _____

Years of Dance Experience _____ Where _____

Type of Dance Studied _____

Class Day _____ Class Time _____ Description _____

How did you hear about us? _____

Waiver:

I understand the activities and risks involved in these dance classes. I hold harmless Essex Dance Academy, all employees and representatives from all liability, suits and claims arising from participation in or observation of any Essex Dance Academy activities or events. Essex Dance Academy is not responsible for any lost stolen or damaged property. I also recognize Essex Dance Academy is not responsible for students when they are outside the classroom.

SIGNATURE

OF PARENT/GUARDIAN: _____

Please remember to include your \$25 registration fee.