

Corona Dance Academy

Student Registration Form

Please fill out a separate sheet for each student.
Please fill out completely, leaving no blanks.

Returning Student: Yes No How did you hear about us: _____

Student's Name: _____ Date: _____

Address: _____ Birthdate: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mom Cell: _____ Dad Cell: _____

Emergency Contacts: _____

E-Mail: _____

Public/Private School Attending: _____

Other School/Extracurricular Activities: _____

Father's Name: _____

Occupation: _____ Work Phone: _____

Mother's Name: _____

Occupation: _____ Work Phone: _____

Previous dance training.

Please briefly summarize past dance experience, including former school, styles and time studied.

Office Use Only:

Cash Receipt: _____ Registration: _____

Credit Auth: _____ Tuition: _____

Check #: _____ Total: _____

Trial Class: _____ Date: _____

Entering Class: _____ Date: _____

Costume Information Given

Costume Measured Sizer: _____

Bust: _____ Waist: _____ Hips: _____ Girth: _____

**Corona Dance Academy
Waiver of Liability**

I, the undersigned, hereby release CORONA DANCE ACADEMY and any of its agents, directors, and staff from any and all claims for damages, injuries or loss to myself or my child's person or property during attendance at the school or any of its related functions. Corona Dance Academy, its agents and staff are released from liability for injury, damage or loss, which may be caused by any act or omission of any of them.

I understand that students must be picked up directly after their class and if the student leaves the studio, for any reason, Corona Dance Academy, its agents or staff, will not be held responsible. They will not wait outside for parental pick up.

Parent/Guardian Signature

Date

Are there any medical conditions of which Corona Dance Academy staff should be aware:
