

REGISTRATION FORM



Dancer / Participant Information

Last Name	First Name	Date of Birth	Age
Address	City	State	Zip
Home Phone	Cell Phone	EMail	
Grade in School	Name of School Dancer Attends		

Parent / Guardian / Family Information

Mother / Guardian Information

Last Name	First Name	Address	City	Zip
Home Phone	Cell Phone	EMail		
Employer	Work Phone			

Father / Guardian Information

Last Name	First Name	Address	City	Zip
Home Phone	Cell Phone	EMail		
Employer	Work Phone			

- Please list previous dance experience Years _____ Months _____ None _____
- Which type of dance classes have you taken?

- Please enroll participant in the following classes:

Type of class	Day	Time
Type of class	Day	Time
Type of class	Day	Time
Type of class	Day	Time

- How did you hear about Norwalk Dance Center?

Referred By: _____ Norwalk Reflector Sandusky Register Brochure
 Phone Book Other: _____ Continue on reverse side

Student Name: _____

Medical Information

Are there any allergies (including food or drug), asthma, previous injuries, or special needs that Norwalk Dance Center should be aware of? YES NO

If yes, please describe.

Is the participant taking any medication on a daily or regular basis? YES____ NO____

If yes, please describe.

Authorization to Consent to Emergency Treatment

In the event of an emergency, illness or accident and you cannot be reached, please list the names and numbers of the persons you are authorizing Norwalk Dance Center, LLC to contact:

Physician _____

Name Phone

Emergency Contact _____

Name Phone Relationship

- I understand that by participating in the programs at Norwalk Dance Center, LLC there may be a potential risk of injury while receiving acrobatic or dancing instruction. I _____ (parent/guardian name), hereby release and discharge Norwalk Dance Center, LLC, the studio and all of its employees from any and all liability, loss or claim resulting from injury to me/my child and by signing waive any such claims against the employees of Norwalk Dance Center, LLC and the studio itself.

X _____
Parent / Guardian Signature or Adult Participant Date

- I have read and understand the policies of Norwalk Dance Center, LLC.

X _____
Parent / Guardian Signature or Adult Participant Date

- Norwalk Dance Center, LLC has permission to use any photographs of my child for advertising and marketing purposes.

X _____
Parent/ Guardian Signature or Adult Participant Date

To enroll in class: Return completed Registration Form, Registration Fee and First Month Tuition to:

Mailing Address:
Norwalk Dance Center, LLC
461 Milan Ave
Norwalk, oh 44857