



# Dance MANIA



## 2011-2012

### REGISTRATION FORM

STUDENT NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME# \_\_\_\_\_ WORK# \_\_\_\_\_

EMERGENCY# \_\_\_\_\_ CELL# \_\_\_\_\_

PARENTS/GUARDIAN'S NAME: \_\_\_\_\_

PREVIOUS DANCE EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

HOW DID YOU HEAR ABOUT DANCE MANIA?

\_\_\_\_\_

CLASSES DESIRED: (PLEASE SPECIFY CLASS NAME, DAY, AND TIME)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I UNDERSTAND FULLY THAT MY CHILDS PARTICIPATION AT DANCE MANIA IS AT MY OWN RISK. ANY INJURIES OR DISABILITY SUSTAINED BY MY CHILD WHICH IS NOT A DIRECT RESULT OF THE CONDUCT OF DANCE MANIA IS MY OWN RESPONSIBILITY AND I DISCLAIM ANY RIGHT OR ACTION AGAINST DANCE MANIA. I FURTHER UNDERSTAND THAT IT MY RESPONSIBILITY TO CONSULT A PHYSICIAN OF MY OWN CHOICE PRIOR TO PARTICIPATION IN ANY PROGRAM OFFERED BY DANCE MANIA, AND MY FAILURE TO DO SO, OR INJURIES ARISING FROM SUCH FAILURE SHALL BE MY SOLE RESPONSIBILITY.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_