

# Astudia Dance World

Student Registration Form – 002 0114TSU

## Account Information

Date: \_\_\_\_\_

Account Name (Responsible Party): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Telephone #: \_\_\_\_\_ Account Email: \_\_\_\_\_

## Parent Information (If student is under 18)

Parent 1: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

## Additional Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Student Information

Student's Name (First & Last): \_\_\_\_\_ Date of Birth (if under 18): \_\_\_\_\_

Registered Classes: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Student's Name (First & Last): \_\_\_\_\_ Date of Birth (if under 18): \_\_\_\_\_

Registered Classes: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Student's Name (First & Last): \_\_\_\_\_ Date of Birth (if under 18): \_\_\_\_\_

Registered Classes: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

## How did you hear about us?

Walk-in/Drive-by     Search Engine     Flyer     Postcard     Groupon     Zip Code Magazine

Referral    If so, who? \_\_\_\_\_

Other \_\_\_\_\_

I hereby acknowledge that the information above is correct, I have read and understand the Studio Policies and Procedures, and I agree to participate accordingly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent/Legal Guardian or Student if over 18*