

Amy Hamilton's Dance Arts

Student Registration Information 2019/2020 Season

Dancer Information:

Student's Name: _____

Date of Birth (MM/DD/YYYY): _____

Dancer's Age at time of Registration: _____

Number of Years of Dance Experience: _____

Dancer's Care Card Number: _____

*in case of Emergency

Mailing Address:

Primary Phone: _____

Phone (2): _____

Parent/Guardian Name:

Primary Email Address:

Legal Release and Policy Acceptance (please initial):

___ I/we understand the Studio Policies and my fee payment obligations

___ I/we understand and commit to the schedule provided

___ I/we understand the risks related to dance

___ I/we understand the dress code

___ I/we give media use rights permission

___ I/we understand the importance of attendance and commit to all mandatory rehearsal schedules

Signature / Parent or Guardian

Date

We value your business and thank-you for choosing us.