

Registration Form

Name:	Age:	Date of Birth:
Address:		
E-Mail:		Tel #:
Parent Name:	Cell #:	Other:
Parent Name:	Cell #:	Other:
Emergency Contact:	Tel #:	Relationship:

Medical Conditions: (ie: allergies, asthma, etc.)
Medications:

<p>Waiver:</p> <p><i>I hereby for myself and my heirs waive and release any and all rights and claims I may have against CELTIC STEPS School of Dance for any loss or injuries which may be suffered. Signature: _____</i></p> <p><i>Photos taken may be used for publications/advertising purposes. Signature: _____</i></p>
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Previous Dance Experience:	Yes No	Type:
Studio/Teacher Name:	Tel #:	

Registration Date: _____ Start Date: _____

Class date & times: _____ Level: _____

Registration Fee: _____ Fee Received: _____

Notes: