

# Dance Arts Iowa

## *Student Information (One Registration Form For Each Child)*

**Student Name** \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_ Name of School \_\_\_\_\_

Parent Name (with whom the student resides) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Contact Person in Case of Emergency** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Person(s) with permission to pick up your student \_\_\_\_\_

Previous Dance Experience \_\_\_\_\_

Physical Limitations \_\_\_\_\_

Any other information that will assist the teacher in teaching your child \_\_\_\_\_

### **Consent and Waiver**

I certify that the above named student is in good health and capable of participating in classes.

I hereby release Dance Arts Iowa (DAI), its instructors and employees, from any and all liability for accidents, personal injury, illness or property loss or damage while on or about the premises or while on off-site trips or activities.

I agree to allow DAI to take photographs of my child's class or me for archival purposes and studio promotional use (names will be withheld). Check here \_\_\_\_\_ if you do not want your child's photo on the DAI website or Facebook page.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date/Time

