

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

