

2017-2018 REGISTRATION/HEALTH FORM

Please inform us immediately if any of the following information changes!

Student's Information:

Student's Name (1st child): _____ Age: _____ Birthday: ___/___/___
School _____ Grade _____ T-Shirt Size As of December: _____

If applicable:

Student's Name (2nd child): _____ Age: _____ Birthday: ___/___/___
School _____ Grade _____ T-Shirt Size As of December: _____

How did you hear about DANCE SOUTH? _____

Parent's Information:

Mailing Home Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Name: _____ Cell Phone # (____) _____

Employer: _____ Work Phone# (____) _____

Mother's SS#: _____ Home Phone# (____) _____

Father's Name: _____ Cell Phone # (____) _____

Employer: _____ Work Phone# (____) _____

Father's SS#: _____ Home Phone# (____) _____

E-mail address: _____

Emergency Contact Information (Used only after failure to contact parents):

1) Name: _____ Main Phone # _____

2) Name: _____ Main Phone # _____

Medical Information:

Family Physician: _____ Work Phone # _____

Insurance Info: Policy # _____ Group# _____

Company: _____

List any medical conditions, allergies, or disabilities:

1st child: _____

Daily Medications: _____

2nd child: _____

Daily Medications: _____

Circle One:

Do you authorize me to seek medical attention in case of an emergency? Yes No

Do you authorize me to give your child(ren) Tylenol or Benadryl if necessary? Yes No

I hereby enroll the above student(s) and agree to pay ALL tuition by the 15th of every month and any fees due in accordance with Dance South policies. Parents and students assume risk of injury associated with dance, gymnastics, cheerleading and/or Ninja Zone and hold harmless, Dance South; it's owner, it's staff, and instructors. By signing below I acknowledge that I have read and understand the payment policies, late fees, dress code and other policies of Dance South. If I fail to comply with Dance South's policies and/or regulations, the owner or its instructors of Dance South reserve the right to discontinue lessons for me or my child(ren).

Signature: _____

Date: _____

(To verify understanding of this agreement)

(office only) Completed by _____ IC _____ Date _____