

Registration Form

Student's Name _____

DOB _____ Ht. _____ Wt. _____

Address _____

City _____ State _____

Zip _____ Home Phone _____

Academic School _____

Home E-mail _____

Name(s) for parents/guardian:

If different address than child's please list:

Mother's Phone _____ Cell _____

Father's Phone _____ Cell _____

Best number to reach you at during the hours your student is in class?

Emergency Contact _____

Phone _____

Family Physician _____

Phone _____

Any known medical problems, allergies, or medications that the student takes in case of an emergency?

Class applying for:

Previous dance training/school/teacher

Subject Class per week

Release of claims and treatments authorization

Madison Ballet Academy