

Note: A \$25 non-refundable registration fee is required to make this registration form valid.



Student Registration Form 2009-2010

Student Name _____

Student Age _____ Grade in School _____ Student Date of Birth _____

Academic School _____

Mother's Name _____ Cell #: _____

Father's Name _____ Cell #: _____

Address _____

City _____ State _____ Zip Code _____

Would you prefer to receive dated communications from us via email? Yes No

If yes, please provide proper email address: _____

Please advise us of any medical conditions that may affect the student's participation:

FAMILY DOCTOR INFORMATION:

Doctor's Name _____ Doctor's Phone Number _____

PHOTO RELEASE

I grant permission to the Karizma Elite Dance Company to take photographs or video of my child for promotional purposes of the Dance of Company, including but not limited to use in printed publications such as brochures and newsletters, as well as website or other electronic forms.

Signature of Parent/Guardian _____

Please list the class (es) you wish to enroll

Style of Dance (Jazz, Tap ,Ballet, Hip Hop, Lyrical &Salsa)	Age Group		Day of Week (Tuesday, Thursday, and Saturday)
	4-6 yrs. old	11-13 yrs. old 7-10 yrs. old 14-16 yrs. old	
1.			
2.			
3.			
4.			
5.			
6.			

How did you hear about KEDC? Family Who? _____ Internet Promotional Materials
 Yellow Pages Other

Has your child attended dance classes before? YES NO

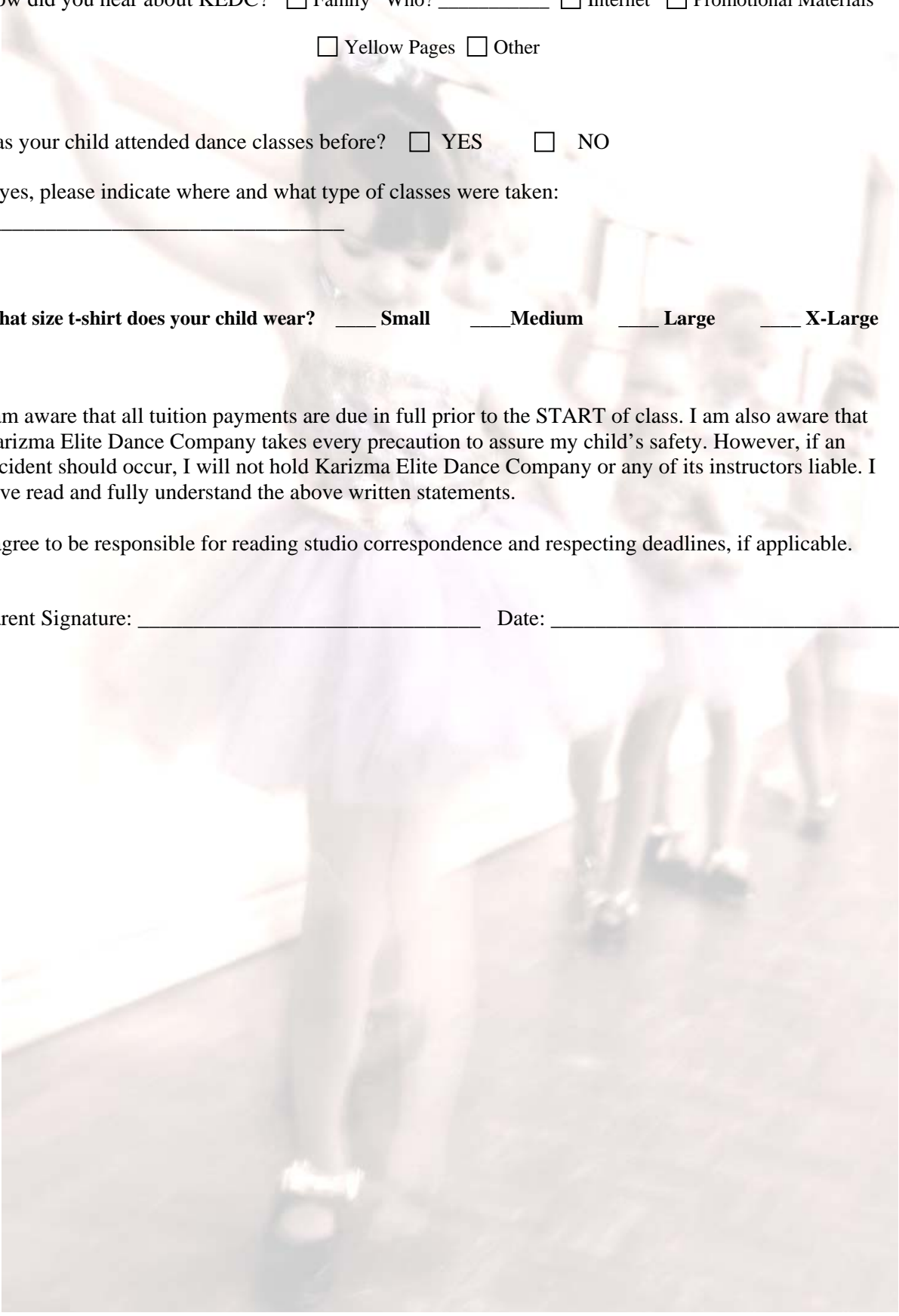
If yes, please indicate where and what type of classes were taken:

What size t-shirt does your child wear? ___ Small ___ Medium ___ Large ___ X-Large

I am aware that all tuition payments are due in full prior to the START of class. I am also aware that Karizma Elite Dance Company takes every precaution to assure my child's safety. However, if an accident should occur, I will not hold Karizma Elite Dance Company or any of its instructors liable. I have read and fully understand the above written statements.

I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable.

Parent Signature: _____ Date: _____



Karizma Elite Dance Company

Emergency Contact Information

Please fill out the following information and return to the office by the student's first class.

Student Name: _____

Mother's Name: _____ Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Mother's Work #: _____ Cell #: _____

Father's Work #: _____ Cell #: _____

Emergency Contact if parents are unreachable:

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____ Cell #: _____

Allergies (Medication, Environment, Food, etc.): _____

Medical Information we should know (ex. Asthma, ADHD, diabetes):

Medications student is currently taking: _____

Pre-Existing Condition (ex. congenital, injury, chronic): _____
