

**DANCE EVOLUTION**  
**2019 SUMMER REGISTRATION FORM**

NEW STUDENT \_\_\_\_\_

RETURNING STUDENT \_\_\_\_\_

STUDENT LAST NAME: \_\_\_\_\_ STUDENT FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT 1: \_\_\_\_\_ PARENT 2: \_\_\_\_\_

HOME TELEPHONE: (    ) \_\_\_\_\_

PARENT 1 CELL: (    ) \_\_\_\_\_ PARENT 2 CELL:(    ) \_\_\_\_\_

OTHER GUARDIAN (IF APPLICABLE): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

OTHER GUARDIAN CELL:(    ) \_\_\_\_\_

DANCER'S DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE CHILD WILL BE ENTERING IN 2019/2020 : \_\_\_\_\_

FOOD ALLERGIES? YES/NO (PLEASE SPECIFY): \_\_\_\_\_

DOES CHILD NEED AN EPIPEN? YES/NO

I GIVE PERMISSION FOR DANCE EVOLUTION TO USE MY CHILD'S PHOTOS AND VIDEOS ON ITS WEBSITE, INSTAGRAM, FACEBOOK, NEWSPAPER, TELEVISION OR ANY OTHER FORM OF ADVERTISING. YES/NO

SIGNATURE: \_\_\_\_\_

PLEASE PROVIDE A CURRENT EMAIL THAT YOU CHECK FREQUENTLY FOR UPDATES AND INFORMATION: \_\_\_\_\_

I AGREE THAT ALL PARTIES THAT TAKE CLASSES OR ATTEND DANCE EVOLUTION ALONG WITH ANY DANCE EVOLUTION EVENTS ARE VOLUNTARILY PARTICIPATING IN THESE ACTIVITES AND USE OF SAID PARKING LOT, ACTIVITIES, AND FACILITIES. I/WE ASSUME ALL RISK OF INJURY, DAMAGE AND ILLNESS. I AGREE THAT I HAVE READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CLASSES I AM INTERESTED IN

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

CLASSES I AM INTERESTED IN

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

CLASSES I AM INTERESTED IN

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

CLASSES I AM INTERESTED IN

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT NAME AS SIGNED ABOVE: \_\_\_\_\_