

**2016-2017 DMD STUDENT REGISTRATION**

Date\_\_\_\_\_

Name\_\_\_\_\_ Age \_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone – Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_ Dismissal Time \_\_\_\_\_

Previous Dancing – No \_\_\_\_, Yes \_\_\_\_, # of previous year’s \_\_\_\_, @ \_\_\_\_\_

# of other children in the family \_\_\_\_, Referred by \_\_\_\_\_

Is there a particular day or time you cannot attend class, please state & give reason.....

\_\_\_\_\_ E-Mail \_\_\_\_\_

Extra class or classes – Yes \_\_\_\_, List \_\_\_\_\_

Dancer (Medical condition/medication) \_\_\_\_\_

Emergency contact (Name & Phone #) \_\_\_\_\_

**RELEASE FORM** ... please initial each line & sign... Thank you

\_\_\_\_\_ *I will not hold anyone at Debbie Morgan Dance Studio responsible for accidents which may occur while my child is in or around the studio.*

\_\_\_\_\_ *I give permission for my child to be photographed/videoed while in the studio, at the dance recital, or any DMD function, for use in DMD Advertising, Social Media & the Dance Revue Book.*

\_\_\_\_\_ *I hereby assume all financial responsibility for the above named student enrolled at the Dance Studio. I further understand that I will be charged for all classes until I have notified the studio that my child has discontinued classes.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Name, Occupation, Business Address & Work Phone Number.....

\_\_\_\_\_  
*Mother/Father (First & Last)*

**DMD Dance Years (office use only)**

1 _____	5 _____	9 _____	13 _____	17 _____
2 _____	6 _____	10 _____	14 _____	18 _____
3 _____	7 _____	11 _____	15 _____	19 _____
4 _____	8 _____	12 _____	16 _____	20 _____