

Searcy School of Dance Registration

Class Assignment: _____ Fall/Summer Registration Fee: \$25
(circle one)

Dancer's Name: _____

Age: _____ Birth Date: _____

Parent or Guardian: _____

Address: _____

Phone #: _____

Email Address: _____

Medical Insurance: _____ Policy #: _____

Doctor's Name: _____ Doctor's Phone #: _____

Emergency Contact: _____ Phone #: _____

Are there any physical or emotional limitations we should be aware of when working with your child? _____

How did you hear about us? _____

In enrolling _____ as a student of Searcy School of Dance, I understand that although no serious injuries have occurred during any of our dance classes or activities, I will not hold the owner, instructors, or property owners liable for any loss or injury while participating in any Searcy School of Dance class or related activity.

(signature of parent or legal guardian)

(date)

(witness)