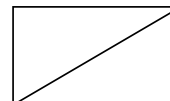


REVOLUTIONS DANCE ACADEMY REGISTRATION FORM



Please print clearly.

STUDENT INFORMATION			
Student's Name (Last, First, Middle Initial):	Age	Birth Date / /	School
Parent's Name (Last, First, Middle Initial):	Student's Home Phone No.		Parent Cell Phone No.
Under what name will tuition be paid (if different from above)	Parent/Guardian Home Phone No.		Emergency Contact/Phone (required)
Street Address	City	State	Zip
Studio alerts such as cancelled classes for snow, etc. will be sent via email. Please provide your email address to ensure you get important information. If you prefer to receive a text message with this information, please list the cell phone number to contact.		E-mail address:	
		Texting cell phone:	
Does the student have any medical problems or allergies that we should be notified of?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain.			
CLASS INFORMATION			
Has the student had any previous dance training? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes and a new student of Revolutions, please explain.			
How did you hear about Revolutions Dance Academy?			
Please check desired class or classes.			
*Note: Students must meet age requirements by September 1st of the enrollment year.			
Tiny Tot <input type="checkbox"/> (ages 3 and 4)*	Tap <input type="checkbox"/> (ages 4 and up)*	Hip Hop <input type="checkbox"/> (ages 8 and up)*	Drama <input type="checkbox"/> (ages 6 and up)*
Jazz <input type="checkbox"/> (ages 6 and up)*	Stretch/Turns <input type="checkbox"/> (ages 7 and up)*	Lyrical <input type="checkbox"/> (ages 8 and up)*	Musical Theatre <input type="checkbox"/> (ages 6 and up)*
Pointe <input type="checkbox"/> (by placement only)*	Ballet <input type="checkbox"/> (ages 5 and up)*	Mommy & Me <input type="checkbox"/> (ages 2 - 4)*	- vocal is included in musical theatre
As a legal guardian of _____, I have read and understand the policies and regulations of Revolutions Dance Academy, LLC. I will not hold the school or personnel responsible for accidents or injuries resulting from class activities or student negligence. In addition, I acknowledge it is the intent of Revolutions Dance Academy, LLC and its personnel to provide a safe dance environment for its enrolled students.			
I, the undersigned, have fully read and understand the above.			
_____		_____	
Parent or Legal Guardian Signature		Date	
PERMISSION TO TREAT			
I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.			
_____		_____	
Parent or Legal Guardian Signature		Date	
PHOTO RELEASE PERMISSION			
From time to time, Revolutins Dance Academy (RDA) wishes to photograph its students during their dance classroom activites. Your permission to include your child in these photographs is appreciated. Thank you!			
I give Revolutions Dance Academy (RDA) permission to publish in print, electronic, or video format the likeness or image of my child. I release claims against RDA with respect to copyright ownership and publication including any claim for compensation related to the use of materials.			

Minors Name			
_____		_____	
Parent or Legal Guardian Signature		Date	