



Registration Fee:

Paid

Registration Form 2025-26

DANCER INFORMATION

Full Name: _____

Date of Birth: ____ / ____ / ____

Age: _____ Grade: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____

Phone Number: _____

Email Address: _____

Parent/Guardian 2 Name (optional): _____

Phone Number: _____

Email Address: _____

Home Address:

EMERGENCY CONTACT

Name (not listed above): _____

Relationship to Dancer: _____

Phone Number: _____

CLASSES REGISTERING FOR



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MEDICAL INFORMATION

Allergies or Medical Conditions:

☒ POLICIES & AGREEMENTS

Please read and **initial** next to each section to indicate agreement.

Liability Waiver

I understand that participation in dance involves physical activity and potential risk. I release The Dance Complex, its instructors, staff, and facility from all liability for injuries sustained.

Initials: _____

Medical Authorization

In the event of an emergency, I authorize The Dance Complex to seek emergency medical treatment for my child.

Initials: _____

Photo/Video Release

I give permission for my child to be photographed or recorded during classes or events for studio use and promotional materials.

☐ Yes ☐ No **Initials:** _____

Acknowledgment and Agreement

By submitting this registration form, I confirm that I have read, understood, and agree to abide by all policies and procedures set forth by The Dance Complex. I understand that it is my responsibility to stay informed of any updates or changes to these policies.

Initials: _____



PARENT/GUARDIAN SIGNATURE

I confirm all the information above is accurate and I agree to all terms and policies.

Signature: _____

Printed Name: _____

Date: ____ / ____ / ____