*Start Date:*______________
☐ Email ☐ Accounting
☐ Folder

ADFA Student Registration

Student Name: ____

Birth Date: ______________________ **Female**☐ **Male**☐

Number of years of Dance training prior to now: ____ Gymnastics training: ____

Parent Name: ____

Address: ____

City: __________________________ **State:** _______ **Zip Code:** __________

Home Phone: ________________________ **Relation:** _______________

Work Phone: ________________________ **Relation:** _______________

Cell Phone 1: ________________________ **Relation:** _______________

Cell Phone 2: ________________________ **Relation:** _______________

Email 1: **Relation:**

Email 2: **Relation:**

****NOTE** —** ADFA is making every effort possible to "go green" so **email** is our **primary source** of **communication** on information that pertains to studio schedules, special events, performances, and billing.

Emergency Contact

Name: ______________________ **Relation**: ____________ **Phone**: __________________

Are there any known allergies or medical conditions we should be aware of?

____

Insurance

ADFA does not carry medical insurance for its students to be covered at the studio, any studio function off premises or on route to a performance, concert, convention, competition, or other function. It is required that all dance students be covered by their family insurance policies and if injury occurs it is understood that the student's own policy is the student's only source of reimbursement.

I have read this page and the studio handbook; I agree to comply with the rules and regulations of The Academy of Dance and Fine Arts.

Parent Signature: ________________________________**Date:**_____________

For Office Use Only*

Payment Method:☐ **Cash$**________ ☐**Charge $**________ **Reference No.**_________

☐ **Check$** ____________ **Check No.**______________

Payment Includes:____

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