



Year _____ Year _____ Year _____ Year _____
Year _____ Year _____ Year _____ Year _____

(928) 771-9222
www.dancestudioaz.com

REGISTRATION

1. Student _____ Student # _____ Address: _____ City: _____ Zip: _____
Grade in School Year: _____, 20 _____ Name of School: _____ Student's Cell #: _____
Student's E-mail: _____ DOB: _____ / _____ / _____ Age: _____

2. Student _____ Student # _____ Address: _____ City: _____ Zip: _____
Grade in School Year: _____, 20 _____ Name of School: _____ Student's Cell #: _____
Student's E-mail: _____ DOB: _____ / _____ / _____ Age: _____

Parent/Guardian Contact Name: _____ Relationship to Student: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Contact E-mail: _____

Parent/Guardian Contact Name: _____ Relationship to Student: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Contact E-mail: _____

CLASS REGISTRATION

Style of Dance: _____ Day: _____ Time: _____ Studio: _____ Teacher: _____
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Style of Dance: _____ Day: _____ Time: _____ Studio: _____ Teacher: _____
Style of Dance: _____ Day: _____ Time: _____ Studio: _____ Teacher: _____
Style of Dance: _____ Day: _____ Time: _____ Studio: _____ Teacher: _____

HOW DID YOU HEAR ABOUT US: _____

LIABILITY RELEASE

In consideration of receiving dance instruction, I _____, hereby release and forever discharge The Dance Studio, owner of Prescott Athletic & Tennis Club, their assistants, agents, servants and/or employees and their families, of any and all claims for damage(s) of any kind.

Signature required of Student (if over 18) or of Parent/or Legal Guardian (under 18)

DATE: _____ SIGNATURE: _____

OFFICE USE ONLY: Date: _____ Cash _____ Check# _____ CC# _____
Reg. Fee: _____ Tuition: _____ Total: _____