

Elyon's School of Dance Registration Fall 2019-2020

Student Name _____ D.O.B./Age _____
Address _____ Phone _____
City _____ State _____ Zip _____

Parent or Guardian _____
Phone (Hm) _____ (Wk) _____
Other: _____ Email _____
If Emergency Call: _____
How did you hear of us? _____

Previous dance experience/Please circle all that apply (include years of experience):

Tap _____

Jazz _____

Ballet _____

Liturgical _____

Modern _____

Lyrical _____

Gymnastics: _____

Cheer: _____

Other dance schools you have attended in the last 5 years: _____

CLASSES

Class _____	Day/Time _____
Class _____	Day/Time _____
Class _____	Day/Time _____
Class _____	Day/Time _____
Class _____	Day/Time _____
Class _____	Day/Time _____

I understand that dance is a dangerous activity and agree to hold Restoration Church, Foursquare International, Studio R, its representatives and teachers blameless of injury that may occur during the normal scope of classes. I also understand that I am responsible for my actions and/or my child's actions and assume all liability on myself and/or my child's behalf and agree that Restoration Church, Foursquare International and Studio R, its representatives and teachers are hereby released from any and all liability.

Signature _____ Date _____

Office Use Only: Registration Fee: _____ Paid

Tuition: _____ Paid

Current Student _____ New Student _____