

Student Registration Form

Student's Name (First & Last):		Date of Birth (if under 18):		
Mailing Address:				
City/Town:	State:			
Home Telephone #:				
Mother's Name:	other's Name: Mother Cell #:			
Father's Name:		Father Cell #:		
Name of Responsible Party:				
If address and phone numbers are different from above please include: phone #:				
Street:	City:	State:	Zip:	
Email address of primary contact:				
Any other email addressed you would like to receive studio correspondence:				
Please advise us of any medical conditions that may affect the student's participation:				
Media Release In conjunction with my participation I give permission for Studio 49 to take and use photos and/or video of me or my child without remuneration in connection with studio publications, website, social media, and advertising.				
Date: Signature:				
Agreement for Participation				
I understand that dance classes may include, floor combinations, dance routines in the cen of the dance class involve some degree of risl property.	iter, and other related activi	ities. I further understan	d that all of the activities	
I have received the student handbook and ag	ition & Payment Informatic		ling:	
I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable.				
I hereby acknowledge that I have read the sta	atements above and agree t	o participate accordingly	7.	
Date:	Signature:			