



## REGISTRATION FORM

### GENERAL INFORMATION:

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Injury History: \_\_\_\_\_

Allergies: \_\_\_\_\_

### CLASSES:

Please indicate preference for instruction:

Private Lesson

Group Class

Please indicate interested genre(s) of dance:

Pre-Ballet/Ballet

Contemporary

Hip Hop

Jazz

Musical Theater

Tap

### PAYMENT:

Check (Please make check payable to "Janel's Dance Arts Fusion")

Cash

### EMERGENCY CONTACT:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_