



Dancing On the Edge NJ

Registration Form

Who can we thank for referring you? _____

Student's Name:

First _____ **Last** _____

Address

City _____

State _____ **Zip** _____

Home # (____) _____ **Birthday** _____ **Age** _____ **Grade** _____

Please list in order of contact preference. List only numbers we may use to contact you.

Parents or Guardians

Last Name _____ First Name _____

Relationship _____

Cell Phone _____ Work No. _____

E-mail _____

Last Name _____ First Name _____

Relationship _____

Cell Phone _____ Work No. _____

E-mail _____

Emergency Contact _____ **Phone #** _____

(Other than above)

Medical Information

Please list any allergies, medical restrictions, medications, or special medical needs/situations.

Medical Restrictions/Needs _____

Allergies _____

Medications _____

Medical Contact _____

By signing this form, I understand that dance is a rigorous sport and despite precautions and close monitoring of trained professionals accidents and injuries may occur. I will not hold any faculty member from *Dancing on the Edge NJ* liable for any injury sustained while my child/children are enrolled in dance classes.

Signature _____ **Date** _____