



2633 E. 14th North
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Registration Form

Name _____ Age _____ Birthday _____

Grade in fall _____ School he/she attends _____ Gender: female male

Parents name(s) _____ Phone _____

Address _____ City _____ Zip _____

Alternate phone numbers: Mother _____ cell work - employed by _____

Father _____ cell work - employed by _____

e-mail address: _____ I would prefer to receive class info via e-mail including performance times, notes to parents, etc.

Where did you hear about Dance Tech? Yellow pages Internet Val-pak banner / yard sign
 brochure / flyer door hanger Youth Jam former student fridge magnet
 Advertisement in ___IF magazine ___Post Register ___Park & Rec booklet
 Radio Referral Watched performance Word-of-Mouth Other _____

If living part time with other parent, please provide following:

Parents name(s) _____ Phone _____

Address _____ City _____ Zip _____



Student Health Status

Please discuss any special conditions, medications, aches/pains, handicaps, allergies, etc., that we should be aware of (use back of form if necessary): _____

Emergency contact (if parent not available) _____ Phone # _____

Insurance Carrier _____ Policy number _____

Name of Doctor: _____ Phone # _____



Release

I understand that there are inherent risks associated with dancing and related activities, and I understand it is my responsibility (and not the responsibility of Dance Tech Academy) to maintain medical insurance for my child, _____, while enrolled at Dance Tech. I agree to release Dance Tech, and all Dance Tech instructors and personnel, from responsibility of personal injury, loss of property, and all other hazards that may occur to my child while participating in activities related in any way to their association with Dance Tech. I also authorize Dance Tech Academy to obtain emergency treatment for my child if they are injured or become ill during said activity.

Class(es) this dancer is registering for: _____

Name of Parent or Guardian (Printed)

Signature of Parent or Guardian

Date

Office use only

Received by: _____