REGISTRATION FORM

$40.00 REGISTRATION FEE MUST ACCOMPANY THIS FORM

(CASH OR CHECK ONLY)

STUDENT INFORMATION

Full Name _____ Date of Birth _____ Age Today _____

Street _____ City _____ Zip Code _____

Phone _____

School Attending _____ Current Grade in School _____

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian #1 ***AND PRIMARY POINT OF CONTACT*** _____

Relationship to student _____

Cell Phone # _____

Email Address (PRINT CLEARLY) _____

Name of Parent/Guardian #2 _____

Relationship to student _____

Cell Phone # _____

Email Address (PRINT CLEARLY) _____

BILLING INFO (IF PAYER OR ADDRESS DIFFERENT THAN INFO LISTED ABOVE)

Full Name of Payer _____ Main Phone # of Payer _____

Full Billing Address _____

EMERGENCY CONTACTS AND MEDICAL NEEDS

The following person should be contacted in case of emergency, only if parent or guardian cannot be reached:

Emergency Name _____ Relationship to student _____

Cell Phone # _____ Work Phone # _____

DOES THE CHILD HAVE ANY SPECIAL MEDICAL NEEDS OR INFORMATION THAT WILL BE HELPFUL TO OUR STAFF:

_____

_____IS

THE CHILD TAKING ANY MEDICATIONS?_____ If yes, what kind and why: _____

If medication needs to be administered during class, please discuss this with the staff in advance.

NEW FAMILIES - Where did you hear about Gotta Dance (if it was a friend or family member referral, please tell us who referred you)

_____

RELEASE FORM

I certify that my child is in proper physical condition to take part in a Dance or Acrobatic Program. I realize that there are certain risks possible, but I agree to assume the risk of all injuries or damage that may arise from my child's participation in their classes at Gotta Dance located at 285 Market Street in Elmwood Park, New Jersey or online as part of the Dance at Home Program.

In consideration of the above, I hereby release and hold harmless Gotta Dance, its teachers and director from and against any liability or claim for any loss of property, injury, misadventure, harm, cost or damage sustained as a result of my child's participation in classes at Gotta Dance or online as part of the Dance at Home Program.

Gotta Dance is hereby granted permission to take photographs and videos of the students to use in brochures, websites, posters, advertisements, social media, and other promotional materials the school creates.

I have read this release and understand its meaning.

_____ _____

Print Full Name of Parent or Guardian | Print Student's Full Name

_____ _____

Signature of Parent or Guardian | Date

If you child has any medical conditions that you feel his / her teacher should be aware of, please list them here:

_____

_____

In case of an emergency, whom should we contact OTHER THAN YOURSELF:

_____

Name

(_____)_____ (_____)_____

Home Phone | Alternate Phone