

# Allison Darling Dancers LTD. 2011 – 2012 Registration Form

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
d/m/yr

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home: \_\_\_\_\_ Bus. \_\_\_\_\_

Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

If you are a new student please list previous studio:

\_\_\_\_\_

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

	<u>Day</u>	<u>Time</u>	<u>Class Description</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

How did you hear about the studio? (Please Circle)

Newspaper ad   Internet   Flyer   Word of mouth   Yellow Pages   Gold book   Other

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date

(Separate Waiver and Release form to be signed at Registration)