

WEST COBB DANCE CENTER
770-795-9095
1483 Kennesaw Due West Rd
2011/2012 Registration

Students Name:	Parent's Name:
Birth date:	Address:
Home Phone:	School:
Email address:	Cell phone:

How did you hear about the us? _____

What type of dance are you interested in? Tap Jazz Ballet Hip Hop Tumbling
 Competition Team

What dance experience, if any, have you had? _____

How many years? Where have you danced? _____

As a parent why do you want your child to dance? Fun Confidence Coordination Discipline
 Technique Exercise/activity Other _____

Besides dance what other hobbies, sports, activities does your child enjoy? _____

Class(es) you are registering for:

Class I: Day _____ Time: _____ Class: _____
 Class II: Day _____ Time: _____ Class: _____
 Class III: Day _____ Time: _____ Class: _____

Emergency Contact and Phone #: _____

Please list any pertinent medical information (allergies, conditions, etc) _____

I, the undersigned have received a folder containing a calendar, policies and guidelines and teacher bios.

 (Student or Parent/Guardian Signature, if student is under age 18.)

I, the undersigned have read and understand the West Cobb Dance Center Policies and Guidelines.

 (Student or Parent/Guardian Signature, if student is under age 18.)

I, the undersigned give West Cobb Dance Center my permission to use my child's photo's and dance videos for advertising purposes.

I, the undersigned, hereby release West Cobb Dance Center, LLC and its staff from any claim for injuries or damages to the above named student and from any claim arising from or connected with the negligence of fellow students, staff, or school.

 (Student or Parent/Guardian Signature, if student is under age 18.)