



Registration Form

Participant Information

Legal Name: _____

*Goes by: _____ Birthdate: _____ Grade: _____

Parent/Guardian Information

Name: _____ Relationship: _____

Phone: (cell) _____ (work/home) _____

Email: _____

Address: _____

Name: _____ Relationship: _____

Phone: (cell) _____ (work/home) _____

Email: _____

Alternative Emergency Contact:

Name: _____ Relationship: _____

Phone: (cell) _____ (work/home) _____

Please list any medications or medical conditions we should be aware of.

Insurance Information (must be complete to participate)

Insurance Company: _____

Subscriber Name: _____

ID Number: _____ **Group Number:** _____

How did you hear about us?

- Referred by friends/family
- Facebook

- Web Search
- Other: _____



Please indicate the classes you wish to register for:

- Ballet
- Hip Hop
- Jazz
- Acro
- Musical Theater
- Lyrical
- Dance Team Prep
- Creative Movement
- Dance With Me
- Hip Hop Tricks
- Combo Class
(please circle styles)
- Other: _____

Student & Parent Agreement and Release of Liability Waiver

I, _____, parent/guardian of _____, have thoroughly read the Stellar Dance Center expectations. I understand these rules are in place to ensure the best possible learning experience and for the physical and psychological safety of all stakeholders with Stellar Dance Center. I understand that failure to follow these expectations may result in my dismissal or my child’s dismissal from Stellar Dance Center.

I understand that physical exercise can be strenuous and subject to risk of serious injury, and the participant is urged to obtain a physical examination by SDC from a doctor before participating in any dance activity. I understand that even graduated instruction by a qualified instructor and mastery of dance skills may still result in injury due to the physical nature demanded in dance activities. I agree that if I or my child(ren) engage in any dance exercise or dance activity, I do so entirely at my own risk.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

Participant Signature (if over 18): _____

Participant Printed Name: _____

Date: _____

OFFICE USE ONLY

Total Class Hours: _____

Clerk Initial: _____

Total Monthly Fees: _____

Student Withdraw Date: _____

Registration Fee Received: _____

Clerk Initial: _____