

# Alabama Dance Academy 2024-2025

## Registration Form

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address (For Alabama Dance Academy use only. This will not be shared. Print carefully.):

\_\_\_\_\_

Emergency Contact (Please give contact information):

\_\_\_\_\_

Classes Enrolling in (please list alternate choices on back of this form):

Class Title	Day of Class	Time of Class

I understand that neither the Alabama Dance Academy nor any of its instructors will be responsible for any accident or injury incurred on the premises. It is advised that all dance students be covered by their own family insurance policies, as this is your only source of reimbursement. I give permission for Alabama Dance Academy to use photographs of my child in Alabama Dance Academy related activities on the ADA Web site. I understand that no child will be identified by name on the Web site. I have read, understand, and agree to the policies stated in the Alabama Dance Academy Policy and Information Sheet.

\_\_\_\_\_  
**Signature of Responsible Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Driver's License Number**