

Date _____

650 Flinn Ave. #6 Moorpark CA 93021

(805)529-1958

Student Registration Form

DANCERS NAME _____ AGE _____

ADDRESS _____ BIRTHDATE _____

CITY _____ ZIP _____ HOME PHONE _____

MOTHER _____ CELL/WORK PH _____

FATHER _____ CELL/WORK PH _____

E-MAIL 1 - _____

E-MAIL 2 - _____

Previous Dance Training – Yes ___ No ___ If Yes, How Long? _____ Where _____

How did you hear about us? Website Friend Ad in Paper Word of Mouth OTHER-please state

Emergency contact- Name & Phone _____

*Medical Information- Insurance Company _____

*Group/Policy Number _____

*Doctors Name & Phone _____

*Allergies/Medical Conditions _____

While participating in any form of physical activities, there are always the possibilities of injuries. We at Pam Rossi's Dance Ten stress the proper technique in learning your skills, and professionalism with other peers. If some injury should occur, I, the undersigned, agree not to hold Pam Rossi's Dance Ten or any of their staff responsible.

Yes, I understand all information. _____

Parent Signature

**YES, I acknowledge and give permission that my daughter's/son's picture may be used on our dance studio website. Parents Initials _____

****Office Use Only**

Class _____

Day _____

Time _____

Paid _____

Ck # _____