

# Emerald Dance Academy

*Dancin' With Delia, LLC*

## **Student Information - Over 18**

Last Name

First Name

Gender (Circle one)

Female / Male

Birthday (MM /DD/YYYY)

Address

City, State, Zip Code

Home Phone

Work Phone

Cell Phone 1

Cell Phone 2

Email Address

Please specify spaces, dashes, underscore, etc.

\*Studio and class information will be sent via EMAIL only\*

T-Shirt Size

Shoe Size

1. Do you have any prior dancing or sports experience? (Ballet, tap, hip-hop, soccer, track, etc.)
2. Why did you sign up for the class/what are you hoping to achieve in this class?  
(Fun, exercise, new experience, better technique, discipline, other-please specify)
3. What must the class include for you to consider making it a permanent part of your schedule?
4. Do you have any illnesses, medical conditions, or re-occurring injuries? If so, what?
5. How did you hear about this class?
6. Did anyone refer you to this class? If so, who?

PHOTOGRAPHY PERMISSION – On occasion, Emerald Dance Academy may take photographs or video of me. By filling out this form I grant permission for photographs or video of myself to be taken by Emerald Dance Academy and possibly used in print, broadcast, or online without being identified by name.

Signature \_\_\_\_\_ Date \_\_\_\_\_