

# Emerald Dance Academy

*Dancin' With Delia, LLC*

**UNDER 18**

<b>STUDENT INFORMATION</b>	
Last Name:	First Name:
Nickname/Preferred Name:	
Gender:	Birthday (MM /DD/YYYY)
T-Shirt Size:	Tennis Shoe Size:

<b>PARENT / GUARDIAN INFORMATION</b>	
Last Name:	First Name:
Address:	City, State, Zip Code:
Home Phone:	Work Phone:
Cell Phone 1:	Cell Phone 2:
Name of phone owner:	Name of phone owner:
Email: <small>Please specify spaces, dashes, underscore, etc. *Studio and class information will be sent via EMAIL only*</small>	
Emergency Contact (Not in household)  Name:  Phone Number:	

PHOTOGRAPHY PERMISSION – On occasion, Emerald Dance Academy may take photographs or video of your child. I grant permission for photographs or video of my child to be taken by Emerald Dance Academy and possibly used in print, broadcast, or online without being identified by name.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

1. Do you have any prior dancing or sports experience? (Ballet, tap, hip-hop, soccer, track, etc.)
  
2. What are you hoping to achieve in class at Emerald Dance Academy?  
(Fun, exercise, new experience, better technique, discipline, other-please specify)
  
3. Do you have any illnesses, medical conditions, or re-occurring injuries? If so, what?
  
4. How did you hear about us?