

FAMILY REGISTRATION FORM



EVOLUTION
DANCE STUDIO

Family Identification:

PERSONAL INFORMATION

Mother's Full Name:

Father's Full Name:

Address:

City:

Postal Code:

Phone:

Email address:

Child 1 Full Name:

Age:

Birth Date:

Health Card:

Child 2 Full Name:

Age:

Birth Date:

Health Card:

Child 3 Full Name:

Age:

Birth Date:

Health Card:

Medical Information. Please describe any allergies, injuries, and/or medical conditions:

Emergency Contact Name:

Phone:

I have read and agree to the information in the Evolution Registration Package including the Enrolment Protocol, Studio Policies, Dress Code, Parent/Guardian Code of Conduct and the Dancer Code of Conduct. I acknowledge that there is a risk of injury involved in dance and fitness classes. I accept the risk and release Evolution Dance Studio from all liability. I acknowledge that any fees paid will not be returned upon withdrawal. I allow Evolution Dance Studio to use photos/images/name of myself and/or my children for promotional use at any time.

DATE

PARENT/GUARDIAN SIGNATURE

