



232 S. Fourth Street  
(4th and Locust)  
Philadelphia, PA 19106  
215.922.2422  
Philadance@aol.com

## REGISTRATION FORM

Student(s) Names: \_\_\_\_\_

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

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

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

EMERGENCY CONTACT(S): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Does the student have any physical condition/disability that may inhibit physical activity? \_\_\_\_\_

If so, please describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Academic School and Grade: \_\_\_\_\_

Previous Dance Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leotard Size: \_\_\_\_\_

the philadelphia  
**DANCE**  
ACADEMY



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## W A I V E R

I, \_\_\_\_\_, understand the risk of injury involved in any physical activity, including dance, exercise, and pilates. I accept full accountability for this risk and knowingly enroll myself/my child in dance and/or pilates training at the Philadelphia Dance Academy.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Parent/Guardian (signature)