



The Creative Arts Building
219 Cuthbert Street
Philadelphia, PA 19106
215.922.2422
Philadanceacademy@gmail.com

REGISTRATION FORM

Class/Program: _____ Date/Time: _____

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: _____



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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.

I have read and understand the Philadelphia Dance Academy policies, and agree to their terms and conditions.

Student

Parent/Guardian (please print)

Parent/Guardian (signature)