

新世纪舞蹈学院

New Century Dance

Student Registration Form

First Name Init. Last Name Sex Date Registered

Chinese Name (if applicable) Any Previous Dance Experience? Yes / No
Which field? _____
How long? _____

Address City Zip Date of Birth

Home Phone Work Phone (Parent) Cell Email address

Parent/Guardian name (if under 18) Emergency Contact Name Emergency Contact #

Please list all classes that you interested in enrolling in:

	Class Name	Class Day (Mon, Tues, etc.)	Class Time
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

By signing this registration form I agree to hold New Century Dance, it's board of directors, officers, employees and agents harmless, and release them from any and all liabilities and/or property damage and loss which may be suffered by me or my child arising out of or in any way related with attending classes/activities offered by New Century Dance.

Signature of Student / of Parent if under 18 Date

Emergency Medical Authorization

Should it be necessary for _____ to have emergency medical treatment while participating in any activity affiliated with New Century Dance, I hereby authorize New Century Dance to use their judgment in obtaining medical services. I further authorize any individual selected by New Century to render such emergency medical treatment, as he/she may deem necessary and appropriate. I understand that New Century does not collect any insurance charge from its students to pay for medical or hospital costs; therefore, any and all costs shall be my sole responsibility.

Signature of Student or Parent if under 18

Relationship to Student

Date

Doctor Name

Doctor Phone #

Medical Number

Please list: Any physical/medical problem that would restrict ability to participate in any type of activity; past injuries that may restrict physical activity now, and any and all allergies, especially to foods.
