



## Student Information Form

Student name \_\_\_\_\_ Birth date \_\_\_\_\_

Parent/guardian name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Other parent/guardian name \_\_\_\_\_ Phone \_\_\_\_\_

Is your child taking any medication? \_\_Yes \_\_No

Please List \_\_\_\_\_

Does your child have any allergies? \_\_Yes \_\_No Please List \_\_\_\_\_

Are there any health issues instructors should be aware of? (Please explain)

\_\_\_\_\_

Emergency contact(s) (other than parents/guardians listed above)

#1 Name \_\_\_\_\_ Phone \_\_\_\_\_

#2 Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I recognize the risks of illness or injury by participation in a dance program and hereby agree to waive, indemnify, and deem harmless the said Premier Academy of Dance studio, its agents and sponsors, against any and all liability, claims, judgments or demands for damages arising as a result of any course of instruction given by Premier Academy of Dance, or during performances and auditions. I agree to abide by and follow rules and regulations set forth by Premier Academy of Dance. This includes policies related to tuition, fees, and due dates.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Studio use only:** Date received \_\_\_\_\_ Entered in DMP on \_\_\_\_\_ by \_\_\_\_\_

Trail class dates: \_\_\_\_\_ & \_\_\_\_\_ Start classes on \_\_\_\_\_