



Registration & Waiver Form

Parent's Name	Last Name
Child's Name	Child's Age
Home #	City
Mobile #	E-mail

Which class(es) are you signing up for?

If an emergency were to occur, list two people with whom we may communicate:

Contact #1
Name: _____
Mobile #: _____
Relationship: _____

Contact #2
Name: _____
Mobile #: _____
Relationship: _____

Any Medical Conditions we should be aware of: _____

What dance styles would you like to see offered at our studio?

How did you hear about Kadomz Dance Studio?

FLYER

WORD OF MOUTH

WALK BY

FRIEND

OTHER
