

# Dance Depot

935 Locust Street, Redding CA 96001 • Phone: 530-241-7764 • yvonna@dancedepotfamily.com

## Registration Form

This document is required for mail in or walk in registrations only. Please visit [www.dancedepotfamily.com](http://www.dancedepotfamily.com) to register online.

### Family Information

Please Print Clearly - One form per student

Billing First Name(s) \* \_\_\_\_\_

Last Name \* \_\_\_\_\_

Address 1 \* \_\_\_\_\_

Address 2 \_\_\_\_\_

City \* \_\_\_\_\_ State \* \_\_\_\_\_ ZIP \* \_\_\_\_\_

Phone 1 \* \_\_\_\_\_

Phone 2 \_\_\_\_\_

Phone 3 \_\_\_\_\_

E-mail \* \_\_\_\_\_

Additional E-mail(s) \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

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

- |                               |                               |                                   |
|-------------------------------|-------------------------------|-----------------------------------|
| <input type="checkbox"/> Mom  | <input type="checkbox"/> Dad  | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Home | <input type="checkbox"/> Cell | <input type="checkbox"/> Work     |
| <input type="checkbox"/> Mom  | <input type="checkbox"/> Dad  | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Home | <input type="checkbox"/> Cell | <input type="checkbox"/> Work     |
| <input type="checkbox"/> Mom  | <input type="checkbox"/> Dad  | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Home | <input type="checkbox"/> Cell | <input type="checkbox"/> Work     |

### Student Information

First Name(s) \* \_\_\_\_\_

Last Name \* \_\_\_\_\_

Date of Birth \* \_\_\_\_\_

Medical Conditions, Allergies, etc. \_\_\_\_\_

Sex \* \_\_\_\_\_

### Class Information

Redding  Burney Production Plans?  Yes  No  Maybe

Class Name *	Day of Week *	Time *

### Liability Release

\* Are Required Fields

By signing below, I (parent/guardian or student 18 or older) understand and acknowledge that dance instruction, dance classes, and dance practice may potentially result in injury. As such, I release the Dance Depot, its instructors, staff, officers, employees and assigns from any and all liability arising from injury or injuries which I/my child incur while engaging in any such activities. In case of a medical emergency, I hereby authorize the staff of the Dance Depot to obtain the proper medical assistance for my child or me. The Dance Depot reserves the right to change its policies at any time. In addition I hereby acknowledge I have read the Dance Depot brochure, will not hold the Dance Depot responsible for any lost property, and accept all Dance Depot rules, policies, and regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_