



Registration Form

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian email \_\_\_\_\_

Emergency Contact Information (if other than parent)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Student Name \_\_\_\_\_ Gender M / F (circle)

Birthday \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ This is my \_\_\_\_\_ Year at the Spot

Student email \_\_\_\_\_

Please register student for the following classes:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

5) \_\_\_\_\_ 6) \_\_\_\_\_

I, the undersigned, do voluntarily submit our application for attendance and participation in THE DANCE SPOT, LLC's dance and/or acrobatics program. I, the undersigned, understand that by signing this form I release any pictures or videos taken of my student to be used by THE DANCE SPOT, LLC without compensation. I release THE DANCE SPOT, LLC its promoters, affiliates, and all staff from any claims and/or liabilities for any accidents, injuries, paralysis, death, damages, and/or losses that may occur while participating in any and all of THE DANCE SPOT, LLC's activities.

Parent/Guardian's Signature \_\_\_\_\_

Please return this form and the \$45 registration fee to The Dance Spot, PO Box 2938 Huntersville, NC 28070. Registration will not be accepted over the phone.