

# DANCE-N-GROOVE

P.O. Box 871  
Hutto, TX 78634  
Phone - 512-422-0378  
mskirstin@dancengroove.com  
www.dancengroove.com

(For office use only- attach payment to form)
Registered: _____ pd: _____
Tuition Amount (per month) _____
Class _____ Day/Time _____

## Registration and Medical Release Form

Registration fee before July 1st- \$20; \$15 for each additional dancer  
Registration fee after July 1st - \$25; \$20 for each additional dancer  
Please return with the non-refundable registration fee to reserve your spot.

Student Name: \_\_\_\_\_

Birthdate \_\_\_\_\_ School Attending \_\_\_\_\_ Grade (fall 11) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Wk Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Wk Phone \_\_\_\_\_

Mom's Email \_\_\_\_\_

Dad's Email \_\_\_\_\_

### Emergency Contact (if parents can't be reached)

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

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

Does your child have asthma? Yes/No

Are there any allergies that your child has that we should know about? \_\_\_\_\_

Please list (if any) injuries your child has have? \_\_\_\_\_

How did you hear about us? Newspaper \_\_\_\_\_ Flyer \_\_\_\_\_ Other parent \_\_\_\_\_ Other \_\_\_\_\_

### Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Creative Movement (ages 2 1/2 -3)  | <input type="checkbox"/> Ballet/Pointe (ages 11 & up) |
| <input type="checkbox"/> Ballet/Tap/Tumble (ages 3-4)   | <input type="checkbox"/> Jazz (ages 11 & up)          |
| <input type="checkbox"/> Ballet/Tap (ages 5-12)   | <input type="checkbox"/> Tap (ages 11 & up)           |
| <input type="checkbox"/> Jazz/Hip-Hop (ages 7-12)   | <input type="checkbox"/> Hip-Hop (ages 11 & up)       |
| <input type="checkbox"/> Dreamin' Angels (ages 5-18- must be enrolled in technique class and attend parent meeting in fall) |   |

### Please read and sign the following:

I/we the parents/guardians of \_\_\_\_\_ do hereby permit the above named student to participate in dance, tumble, and other physical activities while a student at Dance-N-Groove. By granting permission of said student to participate in this program, I/we hereby assume full responsibility for said students personal safety and release Dance-N-Groove, it's supervisors, and instructors, whether paid or volunteer, from any and all liabilities that may occur from any injury. I/we assume all responsibility and waive any claim for compensation for accidental injury while at Dance-N-Groove or while participating in a Dance-N-Groove activity away from Dance-N-Groove and hereby hold harmless Dance-N-Groove, its agents, employees or servants whether paid or volunteer, against any and all claims which may arise while participating at Dance-N-Groove.

I understand that my child's picture will be taken throughout the year in class and performances and I give Dance-N-Groove permission to use any pictures of my child for promotional use.

I do hereby allow \_\_\_\_\_ to fully participate in this program \_\_\_\_\_ (initial)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_