**2022-23 PRE-** **REGISTRATION FORM**

# $25 Fee for the month of May

# $5 off each additional child from the same family

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_D/O/B\_\_\_\_\_\_\_\_\_\_

Parents Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_Relation to student\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_

Days, Class & Times you wish attend\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Dance/ Gymnastic Training\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have asthma or any other conditions we should know about?

\_\_\_\_\_\_\_\_\_\_\_\_If yes what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned, parent/ guardian waive & release any & all claims against Dance Starz Academy of NJ (herein referred to as DSA), its agents, teachers and employees, for any personal injury sustained out of participation in any classes, rehearsals, performances, on or off the premises of DSA. I certify that my child is in good health, has not left the state/country in the last 2 weeks, does not have a fever, shortness of breath, dry cough or awaiting results of a Covid 19 test. I understand that DSA does follow all CDC & state guidelines to prevent Covid 19 or the spread of it but acknowledge that since they are open to the pubic they cannot make any guarantees. I agree to provide medical insurance for my child & I have read the rules & polcies.

Parent/Guardian Name(please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For office use : Payment CA\_\_\_ CH\_\_\_ CC\_\_\_ date\_\_\_\_\_\_\_