**Candidate Information**

Candidate’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency phone (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course 󠄀Opting: 󠄀 󠄀󠄀Fitness 󠄀 󠄀󠄀 󠄀Kids(Age 3to12) 󠄀 󠄀󠅚Regular classes 󠄀 󠄀󠅚Chorography󠄀

**Legal Release and Policy Acceptance (please initial)**

\_\_\_ I/we understand the Studio Policies \_\_\_ I/we understand my billing obligations

\_\_\_ I/we understand the risks related to dance \_\_\_ I/we understand my responsibilities for my property

\_\_\_ I/we understand the dress code \_\_\_ I/we understand the schedule

\_\_\_ I/we give media use rights permission \_\_\_ I/we understand the attendance policy

**Fee Details**

|  |  |
| --- | --- |
| Total Fees | 800 |
| Fees paid |  |
| Fee Balance |  |

**Medical**

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you/your child require any special medical attention during a normal class: (yes/no) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes – Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature / Responsible Party Date