



axial dance

SPRING 2021

DANCERS NAME

DATE OF BIRTH

PARENT/GUARDIAN CONTACT

NAME: _____

PHONE NUMBER: _____

RELATIONSHIP TO DANCER: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

Any allergies or medical conditions we should be aware of?

CLASS REGISTRATION

CLASS 1: _____

CLASS 2: _____

CLASS 3: _____

PARENT SIGNATURE: