

PROFESSIONAL PREP CLASS REGISTRATION FORM

Name _____

Date of Birth ____/____/____

Address _____

City _____ State ____ Zip _____

Phone _____

Email Address _____

Emergency Contact Information:

Name _____

Phone _____

RELEASE FROM LIABILITY

I have read and understand the “Policies & Procedures” and agree to comply with all information and policies. I understand and agree that neither Shelly True Dance Academy, it’s agents, teachers or employees shall be held responsible or made subject to any claim from injury or damage to person or property that may result from such activity.

Signature _____

Date _____