

SHELLY TRUE DANCE ACADEMY STUDENT REGISTRATION FORM

Student Name _____ Date of Birth _____ Age _____

Address _____ City _____ Zip _____

School _____ Grade _____

Parent/Guardian _____ Cell # _____

Email (print clearly) _____

Parent/Guardian _____ Cell # _____

Email (print clearly) _____

Emergency Contact

Name/Relation _____

Cell # _____

Classes or Event Participating In:

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 accident which may result in connection with any attendance at the studio or any of it's related functions.

Signature of Parent/Guardian _____

Date _____