

# Miss Julie's Dance & Fitness Studio 2021-2022

Celebrating Over 28 Years!  
~moving bodies and minds since 1993~

STUDENT'S LAST NAME                      STUDENT'S FIRST NAME    AGE    DATE OF BIRTH  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
ADDRESS                                      CITY                                      STATE                      ZIP  
\_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_                      (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_                      \_\_\_\_\_  
PHONE #                                      EMERGENCY #                                      EMERGENCY CONTACT NAME

PRINT E-MAIL ADDRESS

PRINT MOTHER'S FULL NAME

PRINT FATHER'S FULL NAME

LIST ANY OTHER FAMILY MEMBERS ENROLLED IN OUR PROGRAMS

LIST ANY PREVIOUS EXPERIENCE (DANCE, GYMNASTICS, DRAMA, ETC.)

LIST ANY ALLERGIES, HANDICAPS, PHYSICAL CONDITIONS

LIST ANY BEHAVIORAL/EMOTIONAL DIFFICULTIES

PLEASE STATE WHAT YOU EXPECT OF OUR PROGRAM FOR YOUR CHILD

PLEASE STATE YOUR CHILD'S EXPECTATIONS OF CLASS

COMMENTS

NEW STUDENT'S ONLY: HOW DID YOU FIND OUT ABOUT MISS JULIE'S?

IF REFERRED BY SOMEONE, TELL US WHO. LIMIT TO ONE PERSON

CLASS DAY & TIME

## SOCIAL MEDIA/INTERNET AND INSURANCE WAIVER:

- I, the undersigned, understand that it is required that all students be covered by his/her own family medical insurance policy. In the event injury or illness occurs, the student's own policy will be the source of reimbursement. I intend to be legally bound for myself, my heirs and executors, my children (adopted or otherwise). I waive and release any rights and claims for damages, injuries, infectious diseases, illnesses, or disabilities against Miss Julie's Happy Feet of the Slate Belt, Inc. and its subsidiaries, their promoters, associates, and representatives that might be incurred before, during, or after instruction or other sponsored events by the above listed.
- I give my permission to Miss Julie's Happy Feet of the Slate Belt, Inc. and its subsidiaries, their promoters, associates, and representatives to use photos of myself/child/family to promote their programs through social media (If permission is not granted, please cross out and initial this section).

**Please complete and sign registration form.**

GUARDIAN'S SIGNATURE

DATE