

# Miss Julie's Dance & Fitness Studio 2022-2023

Celebrating 30 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