

**STEPPIN' UP
SCHOOL OF DANCE**

Registration Form 2007-2008

Please Print

Today's Date ____/____/____

Students Name: _____ DOB: _____ Sex _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Fathers Name: _____

Mothers Name: _____

Guardian's Name: _____

Please list any health concerns (i.e. allergies, asthma, bad ankles or bad back).

In case of an emergency Please Contact:

Name: _____ Phone: _____

Relationship to student: _____

RELEASE

I hereby release STEPPIN' UP SCHOOL OF DANCE and/or their instructors from liability in connection with any injury sustained while on studio premises.

Signed: _____

FOR OFFICE USE ONLY

Class 1 _____ Day _____ Time _____

Class 2 _____ Day _____ Time _____

Class 3 _____ Day _____ Time _____

Class 4 _____ Day _____ Time _____