

**DYNAMIC EDGE DANCE CENTER SUMMER CLASS REGISTRATION FORM**

How did you hear about us? \_\_\_\_\_ Referral Name \_\_\_\_\_

**FAMILY INFORMATION:**

Family Name: \_\_\_\_\_

**Contact #1 First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Type: \_\_Mother\_\_ Father\_\_ Other ( \_\_\_\_\_ )

Home Phone: \_\_\_\_\_ Cell# \_\_\_\_\_ Work # \_\_\_\_\_

Email: \_\_\_\_\_ \*(emails are kept confidential)

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

**Contact #2 First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Type: \_\_Mother\_\_ Father\_\_ Other ( \_\_\_\_\_ )

Home Phone: \_\_\_\_\_ Cell# \_\_\_\_\_ Work # \_\_\_\_\_

Email: \_\_\_\_\_ \*(emails are kept confidential)

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Contact Info: \_\_\_\_\_

(Other than parents) \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Billing Name same as Child \_\_\_yes\_\_\_ no (If not please list billing name) \_\_\_\_\_

**Student #1 Information:**

Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_

\_\_\_ Female \_\_\_ Male      Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (format=mm/dd/yyyy)

Student Email: \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Disabilitlies \_\_\_\_\_ Allergies \_\_\_\_\_

Medications \_\_\_\_\_ PrimaryDoctor \_\_\_\_\_

- Acro/Tumbling                       Flexibility/Strengthening/Technique Class

**Student #2 Information:**

Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_

\_\_\_ Female \_\_\_ Male      Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (format=mm/dd/yyyy)

Student Email: \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Disabilitlies \_\_\_\_\_ Allergies \_\_\_\_\_

Medications \_\_\_\_\_ PrimaryDoctor \_\_\_\_\_

- Acro/Tumbling Class                       Flexibility/Strengthening/Technique Class

Price: One summer class is \$40 two summer classes \$75