



Registration Form

The Place to Dance

Date: _____

Student Information:

Name: _____ Contact Number: _____

Email: _____ Birthday: _____

Age: _____ Grade: _____

Address: _____

City, State, Zip: _____

Person Responsible for Payment (if different from above):

Name: _____ Work Number: _____

Email: _____ Cell Number: _____

Address: _____

City, State, Zip: _____

Emergency Contact:

Name: _____ Relationship: _____

Cell Number: _____ Work: _____ Home: _____

How did you hear about San Diego Danceworks?

Waiver of Injury:

I, the undersigned, do hereby assume full responsibility for any and all damages, injuries or losses that I may sustain or incur, if any, while participating in activities at San Diego Danceworks. I hereby waive all claims against the owners, operators, instructors or other student of San Diego Danceworks for any claim for injuries that I may sustain. I agree to adhere to all tuition and studio policies of San Diego Danceworks as outlined on the attached sheet.

If under 18, this release and consent is to be signed by the parent or guardian:

Date

Signature of Student OR Parent/ Guardian

www.sddanceworks.com

2653 Ariane Dr. San Diego, CA 92117

858-272-7458