

## Registration Card

Dancer Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Siblings Registered \_\_\_\_\_

Birth day \_\_\_\_\_

Grade(s) \_\_\_\_\_ Age(s) \_\_\_\_\_

Address \_\_\_\_\_

Parent's Name

\_\_\_\_\_

Cell Phone \_\_\_\_\_ Additional Cell Phone \_\_\_\_\_

Email Address:

\_\_\_\_\_

### Emergency Contact Number

Name \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I, the undersigned, hereby consent and give authorization for the above named dancer to participate in dance classes at Evanston Dance Academy. I have read the policy information concerning tuition, attendance, fees, competitions, and costuming and agree to comply with these requests. I have also read the new COVID-19 policy information and understand and agree to comply with these requests.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_