



## REGISTRATION FORM

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

### Emergency Contact Information

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

### Class Details

Preferred Class: ☐ Beginner ☐ Intermediate ☐ Advanced

Preferred Class Days/Times: \_\_\_\_\_

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

### Health Information

- Do you have any existing medical conditions or injuries? \_\_\_\_\_
- Are you currently taking any medications? \_\_\_\_\_
- Do you have any specific goals for your learning? \_\_\_\_\_

### Dance of Choice

Hip Hop/Contemporary ☐

Ballroom/Latin ☐

Liturgical dance ☐

THIS IS  
NEXT  
LEVEL

### What are you looking to achieve? (Pick only 5)

Self Confidence \_\_\_\_\_ Special Events \_\_\_\_\_ Better Health \_\_\_\_\_ A Special Person \_\_\_\_\_ My Passion \_\_\_\_\_

Posture \_\_\_\_\_ Professional Career \_\_\_\_\_ Better Focus \_\_\_\_\_ Parents Made Me \_\_\_\_\_ Anxiety \_\_\_\_\_

Friends \_\_\_\_\_ Showstopper \_\_\_\_\_ Elegance & Grace \_\_\_\_\_ Lose Weight \_\_\_\_\_ Overcome Fears \_\_\_\_\_

Learn something new \_\_\_\_\_ Learn Rhythm \_\_\_\_\_ Learn Timing \_\_\_\_\_ Help with Balance (clumsy) \_\_\_\_\_

