

# The Dance Factory

## Youth Registration Form

Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

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

Parents \_\_\_\_\_

or

Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone #1 \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_

**In the event of an emergency The Dance Factory will contact parents first.**

**If parents cannot be reached please contact:** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**MEDICAL INFORMATION:** Please list all medical conditions, allergies, and medications with regimens (if they are to be given by Dance Factory Staff).

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**Office Use Only -**

**Starting Date:** \_\_\_\_\_ **Registration Fee Charged:** \_\_\_\_\_

Class Level: \_\_\_\_\_ Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Class Level: \_\_\_\_\_ Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

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Class Level: \_\_\_\_\_ Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_