The Dance Theatre Registration Form

Personal Information

Full Name :

Date of Birth : / / Guardian _____ _____

Address :

Phone Number :

Email Address :

Class Type : Tap Jazz Ballet Hip Hop Modern/Contemporary Lyrical Drama Singing Musical Theatre Jump Rope

Mini programs : ◯ Twinkle tots 18 mths -3 yrs ◯ Mini Stars 3-5yrs ◯ Mini prep 5-6yrs ◯ Mini 6-8

General programs : ◯ Dance ◯ THEATRE ARTS ◯ Jump Rope

Elite programs : ◯ **Mini Elite 6-8yrs** ◯ **Junior 9-11** ◯ **Intermediate 12-14** ◯ Senior Elite 15 & up

years of training : _____

Emergency Contact

Full Name :

Relationship :

Phone Number :

◯ *I agree to comply with all rules and regulations of the Dance Theatre program.*

..... / /

Signature Date

I acknowledge that I will receive a student handbook and will read it to fully understand my obligations and agree to abide by all the policies of ThDance Theatre and it:s agents. I further understand that any relevant information contained in this form will be used by the Dance Theatre for the purpose of completing registration and/or entry forms for various competitions, Festivals, conventions, workshops and other events that my child is able to attend. I consent to receive e-mails from The Dance Theatre and the Parents Association.