

Hip Hop Dance Registration

(PLEASE PRINT)

E-mail Address (Required): _____

Student Information:

Last Name: _____ First Name (& M.I.): _____

Birth date _____ Age _____ Grade _____ male/female

Any Health condition we should be aware of? Yes/No.

If "YES" explain: _____

Dance experience and Teachers _____

Family Information:

Last Name: _____ **BOTH** Parent's Names: _____

Address: _____ City: _____ State: _____ Zip _____

Home Phone # (____) _____ Cell# _____

Place of Employment: Father: _____ Mother: _____

Names & ages of other children: _____

Emergency Name and Phone #: _____ (____) _____

NOT LIVING AT SAME RESIDENCE Inc. area code

I give permission for the student(s) named above to receive instruction at Ducklings Early Learning Ctr from an Oxford Center for Dance instructor. I give permission for any photos and/or videos taken of my child/children named above to be published in any Oxford Center for Dance, Inc. advertising, promotions, websites, yearbooks, etc. I release and discharge the sponsoring organization, Oxford Center for Dance, Inc., it's agents, servants, employees and subcontractors from any and all claims for personal injuries or property damage sustained by the student(s) named above while in or around the present studio location as well as during off premises activities such as, but not limited to yearly competitions, meets, conventions and seminars.

Parent or Guardian's Signature _____ Date _____

****COMPLETELY FILL OUT ALL INFORMATION****