

# GOODING DANCE ACADEMY REGISTRATION FORM

PLEASE PRINT & COMPLETE ENTIRE FORM

Activity: **Fall/Spring Session** Children/Adult Unit: \_\_\_\_\_

Female  Male  Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Date Year

Student Name: \_\_\_\_\_ Tel: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

Parent Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Email: \_\_\_\_\_

## Consent of Parent or Guardian

I, UNDERSTAND, being the parent &/or guardian of \_\_\_\_\_ do hereby grant permission for his/her participation in all activities or otherwise, sponsored by **Gooding Dance Academy**. I understand the Gooding Dance Academy does not provide medical staff. At sponsored events and in the event an emergency occurs, medical services and/or transportation will only be provided through the community emergency medical system. Furthermore I agree to demonstrate a positive and supportive attitude towards my child's participation. I also agree to the terms of payment for my child(ren) participation in the **Gooding Dance Academy**.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

Has your child participated in the Gooding Dance Academy before? Yes  No

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Here at Gooding Dance Academy we welcome parental support in any form please print below what you feel you can contribute towards the program:

\_\_\_\_\_  
\_\_\_\_\_

**Do Not Write Below**

Registration Fee: \_\_\_\_\_ Date: \_\_\_\_\_

Tuition Fee: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Collected by: \_\_\_\_\_