

**On Your Toes Dance Studio
Class Registration Form**

Student's Name _____ Age _____

Address _____ Birthday _____

City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

Email _____

Newsletters will be sent directly to you each month.

Guardian's Name _____

Health Concerns/Food Allergies

How did you hear about us?

In Case of Emergency, please contact:

Name _____ Phone _____

Relationship to dancer _____

Classes and tuition:

Class 1 _____ Day _____ Time _____

Class 2 _____ Day _____ Time _____

Class 3 _____ Day _____ Time _____

Class 4 _____ Day _____ Time _____

List all others on the back of this sheet. Tuition per month \$ _____

Release Form

(Please bring a signed copy to the studio on or before your first class)

I hereby release On Your Toes Dance Studio and/or instructors from liability with any injury sustained while on studio premises.

Signed _____ Date _____

By signing my name below, I agree to allow On Your Toes Dance Studio to use my child's photo in their public media, including their website and brochure.

I understand that his/her name will not be used on any photo.

Signed _____ Date _____

Please bring this completed form to the studio or mail it with your payment to:

On Your Toes Dance Studio

11660 Ravenna Road

Twinsburg, OH 44087