



## Elite Dance Academy LLC

1001 South FM 270, Suite 103

League City, TX 77573

Phone: 281.554.5200

E-mail: elitedancing@gmail.com

# Registration Form

<b>Students Name</b>		<b>Current Date</b>	
<b>Address</b>		<b>Subdivision</b>	
<b>City</b>		<b>Zip Code</b>	
<b>Mother's Name</b>		<b>Father's Name</b>	
<b>E-mail Address</b>		<b>Texas Drivers License #</b>	
<b>Home Phone</b>	<b>Work Phone</b>	<b>Mobile Phone</b>	
<b>Emergency Contact</b>		<b>Relationship</b>	<b>Phone Number</b>
<b>Birthday</b>	<b>Age</b>	<b>Grade</b>	
<b>Dancing Experience</b>			
<b>Doctor</b>		<b>Phone Number</b>	
<b>Any allergies or medical condition we should know of?</b>			
<b>How did you find out about us?</b>			

**There is an annual \$35 registration fee (add additional \$10 for each additional family member registering)**

In case of medical emergency, I understand that when medically feasible, an effort will be made to contact a parent/guardian, but in the event one is not reached or it is not medically feasible to contact one, I hereby give permission for my child to be treated. In the event consent is needed for medical care on a non-emergency basis and I cannot be reached, Elite Dance Academy is authorized to act on my behalf. Furthermore, I agree to hold harmless Elite Dance Academy and all of their employees and agents in the event of injury occurring to my child during any activities associated with Elite Dance Academy. I recognize that participating in this activity has a certain amount of risk and that an injury is always possible. I certify that my child is, to the best of my knowledge, physically able to participate in this activity. I assume full financial responsibility for medical expenses arising out of such injury.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_