



Name

(last, first) _____ **Age** _____ **D.O.B.** _____

Mailing Address _____

City _____ **Zip code** _____

Parent/Guardian _____

Email _____ **Home Phone** _____

Cell Phone _____ **Work Phone** _____

Emergency Contact _____ **Phone** _____

PREVIOUS DANCE TRAINING

SCHOOL	STYLE	DATE/HOW LONG

Please list any physical conditions, allergies. Or any information about your child that you feel would be helpful to teaching staff. Write "none" if applicable

HOW DID YOU HEAR ABOUT US? _____

PRIVACY POLICY

Flagler School of Dance, LLC uses web-based technology for informational, advertising and social media purposes, and include, but are not limited to, the studio website, Facebook and Instagram. In compliance with COPPA (Children's Online Privacy Protection Act), we respect your right to your child's privacy.

PLEASE CIRCLE ONE:

— — —> **I CONSENT / I DECLINE** for my child's photographs/videos to be used solely for the purpose of informational, advertising and/or social media purposes relating to internet usage by Flagler School of Dance, LLC.

PLEASE CHECK ALL THAT APPLY:

Website _____

Facebook _____

Instagram _____

Child's Name _____ **Date** _____

Parent/Guardian's Name _____ **Signature** _____

Please list any siblings enrolled at Flagler School of Dance: Names, ages)

PLEASE READ BEFORE SIGNING

I understand that dance class can be a potentially hazardous activity and that risk is involved in participation. I understand that it is my responsibility to have a physical and a Dr's approval to begin physical activity such as dance class. I hereby release Jeanna Reiter, Flagler School of Dance and all instructors teaching at this studio from any and all claims sustained before, during or after any classes at Flagler School of Dance: 4601 E. Moody Blvd, Ste. 16, Bunnell, FL 32110. The undersigned hereby declares that the terms of this release have been read, are fully understood and voluntarily accepted. The undersigned knowingly assumes all risk related to participate in the previously mentioned activities.

Parent/Guardian Name _____

Signature _____

****FOR OFFICE USE ONLY**

CLASSES	DAY/TIME	MONTHLY TUITION

AMT _____ **PD** _____ **Ck#** _____ **CASH** _____ **BAL DUE** _____