

Dancer's Information

Child's Full Name	
Birthday (MM/DD/YYYY)	
Current School Grade	
Parent's Name(s)	
Home Address (Apt. #)	
City and Zip Code	
Mobile or cellular phone number	
Home e-mail address	
Other	

Emergency and Medical Information

In case of emergency, contact	
Emergency contact's address	
Emergency contact's phone	
Known medical conditions	
Known allergies	
Current Medications	