

# Will's Mountain School of Dance Registration Dance Year 2026-2027

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade in School \_\_\_\_\_

Current age \_\_\_\_\_ Family E-mail address: \_\_\_\_\_

How long has this student been dancing at WMSD? \_\_\_\_\_

Rate your commitment level. Circle one: (Low) 1 2 3 4 5 6 7 8 9 10 (High)

## FAMILY INFORMATION

Father/Guardian Name \_\_\_\_\_ Marital Status \_\_\_\_\_ Custody? \_\_\_ YES \_\_\_ NO

Address (if different from student) \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Marital Status \_\_\_\_\_ Custody? \_\_\_ YES \_\_\_ NO

Address (if different from student) \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name and Phone # of person to be contacted by the studio in case of an emergency (if not parent):

STUDENT HEALTH INFORMATION: The studio's ability to meet the physical needs of each child is considered during the admissions process. Does your child have any allergies, require regular medication, or have any concerns that we should be aware of? If so, list them.

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### \* Parental/Caregiver Agreement \*

I, \_\_\_ (initial) agree to support the studio with my/our prayers and with a positive attitude. Complaints or negative comments will be shared only with the teacher, directors, or person involved and not with my/our child or other people.

I, \_\_\_ (initial) promise to support and be loyal to my Will's Mountain School of Dance team. I understand that I am not to participate in any other Dance Studio teams, while I am a team member at Will's Mountain School of Dance. (TEAM Loyalty Clause: Together Everyone Achieves More)

I \_\_\_ (initial) will not hold the Will's Mountain School of Dance responsible for any injuries sustained during participation of activities at the studio.

I \_\_\_ (initial) will be responsible for all medical expenses from injuries sustained during participation of dance class.

Print Name of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

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