



Adult Registration Form

Date: _____

Student Name (first, last): _____

Date of Birth (month/day/year): _____

Primary phone: _____

Cell phone (if different): _____

Emergency Contact name: _____

Phone and relationship: _____

Name of person responsible for paying fees: _____

Primary email address: _____

Primary billing phone number: _____

Medical Information:

Any allergies: _____

Our instructors want to keep our students safe while dancing.

Do you have a medical condition or old dance injury that our instructors should be aware of? _____

Will you require any special medical attention during a normal class:? (yes/no) _____

If yes – Explain: _____

Have you taken dance classes before? _____ what type of dance and for how long?

Do you have a goal in taking this dance class that you would like to share with our instructors? _____

How did you hear about Basically Ballet? _____