



**REGISTRATION FORM**

**Return this form with your \$20.00 registration fee to:  
Premier Dance Studio, 3582 Mt.Acadia Blvd.,Ste E, San Diego, CA 92111**

MOTHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
FATHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_  
AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
CLASS \_\_\_\_\_  
DAY/TIME \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_  
AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
CLASS \_\_\_\_\_  
DAY/TIME \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_  
AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
CLASS \_\_\_\_\_  
DAY/TIME \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_  
AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
CLASS \_\_\_\_\_  
DAY/TIME \_\_\_\_\_

**Waiver of Liability**

I hereby release the director of Premier Dance Studio from any and all claims for damages or injuries which I or my children may sustain while participating in any activity connected with Premier Dance Studio.

\_\_\_\_\_  
Signature of Parent or Guardian