

2021/2022 Center Pointe Dance Academy

Registration Form

Dancer(s) Information

Dancer #1 Last Name:	Dancer #1 First Name:
Dancer #1 Address: City, State, Zip:	
Dancer #1 Birthdate:	Dancer #1 Gender (Circle 1): Male Female
Dancer #1 2021 Grade:	
Dancer #1 2021 School:	Dancer #1 Cell:
Dancer #1 Email:	
Dancer #1 Medical Information (alergies, medicine, etc): Dancer #1 Years of Dance Experience:	

Dancer(s) Information

Dancer #2 Last Name:	Dancer #2 First Name:
Dancer #2 Address: City, State, Zip:	
Dancer #2 Birthdate:	Dancer #2 Gender (Circle 1): Male Female
Dancer #2 2021 Grade:	
Dancer #2 2021 School:	Dancer #2 Cell:
Dancer #2 Email:	
Dancer #2 Medical Information (alergies, medicine, etc): Dancer #1 Years of Dance Experience:	

Dancer(s) Information

Dancer #3 Last Name:	Dancer #3 First Name:
Dancer #3 Address: City, State, Zip:	
Dancer #3 Birthdate:	Dancer #3 Gender (Circle 1): Male Female
Dancer #3 2021 Grade:	
Dancer #3 2021 School:	Dancer #3 Cell:
Dancer #3 Email:	
Dancer #3 Medical Information (alergies, medicine, etc): Dancer #1 Years of Dance Experience:	

Dancer(s) Information

Dancer #4 Last Name:	Dancer #4 First Name:
Dancer #4 Address: Dancer #1 City, State, Zip:	
Dancer #4 Birthdate:	Dancer #4 Gender (Circle 1): Male Female
Dancer #4 2021 Grade:	
Dancer #4 2021 School:	Dancer #4 Cell:
Dancer #4 Email:	
Dancer #4 Medical Information (alergies, medicine, etc): Dancer #1 Years of Dance Experience:	

Parent(s) Information

Parent #1 Relationship:	Parent #2 Relationship:
Parent #1 Last Name:	Parent #2 Last Name:
Parent #1 First Name:	Parent #2 First Name:
Parent #1 Cell #:	Parent #2 Cell #:
Parent #1 Email:	Parent #2 Email:
Insurance Carrier:	Insurance Carrier:
Emergency Contact:	Emergency Contact:

