ARTSALIVEDANCESTUDIOLLC

2025/2026 REGISTRATIONFORM

Student

First Name_____ **Last Name**_____

Street Address _____ **City**_____

DOB_____ **Phone Number** _____

Email_____

Parent/ Legal Guardian

First Name_____ **Last Name**_____

Phone Number_____ **Alt. Number**_____

Email_____

Emergency Contact

First Name_____ **Last Name**_____

Phone Number_____ **Alt. Number**_____

Dance Experience

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Medical Conditions

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