



Date Received: _____
 Time Received: _____
 Received by: _____

UTAH DANCE ARTISTS 2016-2017 REGISTRATION FORM

Parent/Guardian:					
Address:					
City:		State:		Zip:	
Home Phone:			Mobile Phone:		
Email Address:					
Parent 1:		Mobile:			
Employer:		Home Phone:			
Email:		Work Phone:			
Parent 2:		Mobile:			
Employer:		Home Phone:			
Email:		Work Phone:			
Emergency Contacts:					
Name:		Phone:		Email:	
Name:		Phone:		Email:	
Student Name					
Address: <i>(if different)</i>					
City:		State:		Zip:	
Home Phone:			Mobile Phone:		
Email Address:					
Birthdate:		Grade:	Placement		Gender: F or M
Allergies:					
Medical Information:					
Dr. Name			Dr. Phone		
Classes					
Name	Level	Day	Start Time	End Time	Hours
Total Hours per week					

PLEASE NOTE: You must provide an **active credit card** on file before registration is finalized. Your non-refundable deposit and registration fee **WILL NOT** be refunded back to you if you decide to withdraw from classes.