

**Studio All Stars Dance Class Program**  
**South County Family YMCA**  
**September 2017 – May 2018**  
**Registration Form – USE SEPARATE FORM FOR EACH CHILD**



\*Dance class openings are on a first come, first serve basis. Please complete the form and submit with payment to the South County Y. Upon receiving form and payment, the Dance Registrar will contact you to confirm your child's enrollment and program start date.

Dancer's Name \_\_\_\_\_  
(Last) (First)

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email contact: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Home phone: \_\_\_\_\_

Mother's Work phone \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Home phone: \_\_\_\_\_

Father's Work phone \_\_\_\_\_ Father's Cell \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home phone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Does the Athlete have any Allergies? \_\_Yes \_\_No

If so please list: \_\_\_\_\_

Is the Athlete taking any medication? \_\_Yes \_\_No

If so please list: \_\_\_\_\_

Any other health issue or concerns we need to be aware of?

\_\_\_\_\_

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