

Steps The Studio
Registration Form
Fall 2021

Student Information

Student's Name: _____ Age: ____ Grade: ____

Home Address: _____

City: _____ State: _____ Zip: _____

Home E-mail address: _____

Student's Date of Birth Month: _____ Day: ____ Year: _____

Name of Student's School: _____

Please list any medical concerns: _____

Practice tank \$25 YS (girls 6-8)____ YM (girls 10-12)____ YL (girls 14-16)____
 AS____ AM____ AL____ AXL____

Parent Information

Parent's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Dad's phone (C): _____ (W): _____ (H): _____

Mom's phone (C): _____ (W): _____ (H): _____

I do not hold Steps The Studio LLC, Julie Moran, or anyone affiliated with Steps The Studio LLC responsible for injuries sustained during the normal course of class.

Parent Signature: _____

Permission to photograph your child for use in Studio emails/ literature: yes ___ no ___

Registration fee: \$35.00 due with form

By signing above you hereby certify that you have read the Agreement/Registration Form, that you know and understand the meaning and intent of this Agreement/Registration Form, and that you are entering into this Agreement/Registration Form voluntarily. Furthermore, you agree to pay for the above services and fees for the following: registration, costumes, Revue, and late fees when applicable and when payment(s) become due.