



DANCE FANTASIES REGISTRATION FORM 2024-2025



For registration to be complete, this form must be returned with the \$35 Non-Refundable Registration Fee. Any client from the prior dance season (2023-2024) with a credit balance enough to cover the registration fee will be considered registered as of the date form is received. A completed registration confirms your ticket sale number for the 2025 Recital. Remember to register at the same time as family & friends or your ticket sale number will be different.

Thank you for your prompt registration.

One Form per Dancer

DANCER'S NAME: _____ AGE: _____ DOB: _____
as of 9/1/2025

DANCER Cel#: _____	DANCER Email: _____
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CURRICULUM (Please check choices): <input type="checkbox"/> Ballet <input type="checkbox"/> Adult Class TBD <input type="checkbox"/> Tap <input type="checkbox"/> Jazz ** <input type="checkbox"/> Lyrical ** <input type="checkbox"/> Pointe **	Check (✓) if Interested <input type="checkbox"/> Pop-Up Class <input type="checkbox"/> Teacher's Choice of Dance Style <input type="checkbox"/> 1-Day Sessions to be offered <input type="checkbox"/> Dates TBD <input type="checkbox"/> More Info to Follow	AGE 3-4 and 5-6 ONLY Choose preferred session. Class may not be held at date/time requested <input type="checkbox"/> Saturday Morning <input type="checkbox"/> Weekday Morning <input type="checkbox"/> Weekday Afternoon
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** Dancer informed by Director if specific requirements were met to participate in this class.

<input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
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CONTACT/FAMILY INFORMATION

Mother/Guardian:

Name: _____

Address: _____

City: _____ Zip Code: _____

Cel#: _____

Alternate#: _____

Email: _____

Father/Guardian: Check Box if address is same as mother

Name: _____

Address: _____

City: _____ Zip Code: _____

Cel#: _____

Alternate#: _____

Email: _____

For the safety & concern of your child, please indicate any medical or parental custody issue that would help us to take proper precaution.

EMERGENCY CONTACT

Name: _____

Relationship to Dancer: _____

Phone#: _____

Mailing Address: 145 Myrtle Avenue, Ansonia, CT 06401

Please make checks payable to: **Dance Fantasies Dance Studio**

DANCE FANTASIES ACKNOWLEDGEMENT/WAIVER

I understand that dance activities involve body movement that can result in accidental injury. My/my child's participation in the Dance Fantasies Dance Studio program is fully voluntary and I assume all risks associated with taking part in this dance program. Participation in this program is at my/my child's own risk and am responsible for my/my child's own personal safety.

I agree to release Dance Fantasies Dance Studio, its managers and staff of any liability, responsibility or obligation from any injuries or claims, including but not limited to physical distress, illness, disease, actions or omissions, which may result from any type of injury, virus or bacteria received on the premises of Dance Fantasies Dance Studio or other location in which Dance Fantasies holds or attends events.

Regardless of injury, illness or claim, payments are still the responsibility of the client. Payment will be refunded to the dance client ONLY if the instructor is not able to provide an alternative option to deliver the dance program.

Dancer – Child's Name (Printed): _____

Parent/Guardian – Client (Signature): _____

Date: _____

Parent/Guardian – Client (Printed): _____