

**Southern Sapphires Dance Company**

3495 Fayetteville Rd, Lumberton NC

**Registration Form**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Texting # if applicable: \_\_\_\_\_

Type/Types of Dance for

Enrollment: \_\_\_\_\_

Time or Day Issues For Classes: \_\_\_\_\_

Dance Experience: \_\_\_\_\_

Allergies/Illness: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Emergency Numbers: \_\_\_\_\_

I, \_\_\_\_\_, give my permission for my child/children, \_\_\_\_\_, to participate in the Southern Sapphires Dance Company classes. I also will not hold Southern Sapphires Dance Company and any of its employees responsible for any accident that happens while at Southern Sapphires Dance Company.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date Signed

\_\_\_\_\_

SSDC Representative Signature/Date Signed