



Registration Form

Please fill out and submit along with a \$100.00 deposit to:
Ravel Dance Studio
1488 North Point Village Center, Reston VA 20194

Date _____
Parent or Guardian Name _____
Street _____
City _____ State _____ Zip Code _____

Home Phone _____ E-mail Address _____

Student's Name _____

Student's Age _____ Date of Birth _____ Desired Class _____

Day _____ Time _____

Has the student taken any previous dance classes? (Yes) (No)

If Yes, which classes and where? _____

How did you hear about Ravel Dance Studio?

Has the student ever had a serious illness? (Yes) (No)

Has the student ever sustained a serious injury? (Yes) (No)

Does the student have any allergies? (Yes) (No)

Does the student have asthma? (Yes) (No)

Is there any pertinent information that we should be aware of to assist us in teaching the student properly? (Yes) (No)

If yes, please explain below:

Contact person in case of emergency _____

Relationship to Student: _____ Phone: _____

I agree to hold the Ravel Dance Studio, Degas Inc. and the designated representatives harmless for all liability so long as the aforementioned are acting with industry standards and practices.

Signature of Parent or Guardian _____