



# Registration Form

Please fill out and submit along with a \$100.00 deposit to:  
Ravel Dance Studio  
1763 Fountain Drive Reston, VA 20190

Date \_\_\_\_\_  
Parent or Guardian Name \_\_\_\_\_ Street \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Email 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 \_\_\_\_\_