



MALLORY ACADEMY OF DANCE

Together We Aspire, Together We Achieve

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REGISTRATION INFORMATION

There is a \$25.00 registration fee for each student, \$10.00 for a second family member and \$5.00 for each additional family member.

| PERSONAL INFORMATION | | |
|--|---|--|
| Dancer's Full Name (Last, Middle, First) | Age | Birth Date (mm/dd/yyyy) |
| Current Address (Street, City, State & Zip) | | |
| Parent/Guardian | Primary Phone Number | Primary Email |
| Secondary Phone | Secondary Email | |
| Emergency Contact Information (Name and phone number) | | |
| DANCE EXPERIENCE | | |
| Please check which genre of dance you have had any experience in, and list how many years you have been dancing. | | |
| <input type="checkbox"/> Ballet: ____ yrs | <input type="checkbox"/> Jazz: ____ yrs | <input type="checkbox"/> Hip Hop: ____ yrs |
| <input type="checkbox"/> Modern: ____ yrs | <input type="checkbox"/> Tap: ____ yrs | <input type="checkbox"/> Acro: ____ yrs |
| GOALS | | |
| Please explain or identify any dance related goals you hope to accomplish or specific classes you wish to take. | | |
| ALLERGIES OR HEALTH CONCERNS | | |
| Please list any allergies or health concerns. | | |
| WAIVER INFORMATION | | |
| <p>_____ (Participant or Child's Name), volunteers to participate in the Mallory Academy of Dance programs. There are certain risks to any dance program and I declare myself (or my child) physically sound and have medical approval to participate in dance and/or acro classes at the Mallory Academy of Dance. I agree that the Mallory Academy of Dance, its employees, guest instructors, and any independent contractors are exempt from liability for any injury or disability that may be incurred as a result of dance and/or acro instruction. Additionally, as a student at the Mallory Academy of Dance, you grant permission for your child to be photographed and/or video recorded for studio promotional purposes only. If you do not wish for your child to be photographed, please submit your refusal in writing.</p> | | |
| X | _____ | _____ |
| Student or Parent/Guardian Signature | | Date |