

EMG DANCE

S T U D I O S

516 Livingston Street Norwood, NJ 07648

201-660-8484

www.EMGDanceStudios.com

NEW ADULT STUDENT REGISTRATION FORM

Date: _____

First Name: _____ Middle Name: _____

Last Name: _____ Phone Number: _____

Date of Birth: _____ Age: _____ Male/Female (circle one)

Home Address: _____

Mailing Address:
(if different than above) _____

Emergency Contact: _____

Relationship to Student: _____

Medical Information:

Physician's Name: _____

Physician's Address: _____

Physician's Phone Number: _____

Any medical and/or physical conditions? Yes/No (circle one)

If "yes," please list the conditions:

Any allergies/allergic reactions? Yes/No (circle one) If "yes," please list the conditions:

Additional Information:

Any previous dance training/experience? Yes/No (circle one)

If "yes," please list experience, length of time in training, locations of training:

Class(es) Interested In: (please circle all that apply)

Ballet **Ballroom** **Contemporary** **Hip-Hop** **Jazz** **Yoga**
Dance Fitness **Social Dancing**

Social Media Contact Information:

Facebook: _____ **Instagram:** _____

May we contact you through social media with studio news and updates?

Yes/No (please circle one)

How did you hear about us? _____

Welcome to the EMG Dance Family!!!

"What we see through dance; we become."