



# Innovation Dance Company, LLC Registration Form



Participant Name: \_\_\_\_\_  
Last First D.O.B: \_\_\_\_\_

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

\*\* E-mail addresses are strictly for studio communication. Innovation Dance Company, LLC will not share or sell any client e-mail addresses with outside companies and/or vendors. \*\*

Participant Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Do You Prefer to be Contacted? E-mail: \_\_\_\_\_ Text: \_\_\_\_\_ Phone Call: \_\_\_\_\_

How Did You Hear About Us? Website: \_\_\_\_\_ Facebook/ Instagram: \_\_\_\_\_ Community Board: \_\_\_\_\_ Other: \_\_\_\_\_

Medical Insurance: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Company: \_\_\_\_\_

Medical Concerns (Allergies, Medical Issues, Previous Injuries, Required Medications): \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_  
Name Phone #

Emergency Contact #2: \_\_\_\_\_  
Name Phone #

Release: I, for the personal protection of myself, give the right to Innovation Dance Company, LLC to summon assistance should an injury occur. All immediate First Aid is conducted by the local Fire Department, and/or Paramedics, who have trained staff for said purpose. If necessary, I authorize myself to be taken to a local hospital in the event urgent medical treatment is deemed necessary by aforementioned professionals, if my emergency contact cannot be reached by phone.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interested in a particular class? If there is a class you're interested in (such as a beginner adult tap) that you don't see available, let us know! We're always looking for feedback on having more options available for our adult dancers!

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