

World of Dances Registration

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home & Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact & Number \_\_\_\_\_

**Present/Past History**                      **DATE OF BIRTH** \_\_\_\_\_

Have you had or do you presently have any of the following conditions (check yes)

Rheumatic fever                       Heart attach                       Pregnancy

Recent operation                       Fainting or dizziness                       Lung disease

Edema (swelling of ankles)                       Diabetes                       Seizures

High blood pressure                       Chest pain                       Heart conditions

Low blood pressure                       Pain, in any other area                       Injury to back

Additional information from above and other.

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ (print name) understand that dance

includes physical movements as well as an opportunity for relaxation, & stress relief. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, and speak to my instructor.

\_\_\_\_\_

Signature of student, parent or guardian

\_\_\_\_\_

Date