



# Emilia's NY Studio of Dance

## DANCE REGISTRATION FORM

Dix Hills Super Center  
1842 E. Jericho Tpk.  
Huntington, New York 11743  
631-499-7595  
**EmiliasDance@gmail.com**  
**www.EmiliasDance.com**

Please clearly print the following:

**Student Name:** (last name) \_\_\_\_\_ (first Name) \_\_\_\_\_

**Student's Date of Birth:** Month \_\_\_\_\_ / Day \_\_\_\_\_ / Year \_\_\_\_\_ Age: \_\_\_\_\_ Grade \_\_\_\_\_

**Parent /Legal Guardian /Consenting Adult Name:** (if a minor student) \_\_\_\_\_

**Parent /Legal Guardian Email:** \_\_\_\_\_

**Parent /Legal Guardian Cell no.:** \_\_\_\_\_

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

Street

Town

Zip code

**Emergency Contact Person (if different from above):**

Name: \_\_\_\_\_ Cell number(s): \_\_\_\_\_

**Previous Dance Experience:**

School Name /City: \_\_\_\_\_ Total prior dance exp: \_\_\_\_\_/years

Type of Dance Taken: (list all) \_\_\_\_\_  
(list additional schools attended on reverse side of this page)

**SELECTED DANCE CLASS(s)** (We reserve the right to cancel and reassign any class(s) subject to limited registrants)

Class Name (ex: Jazz Tap, Ballet, Combo...)	Scheduled Days (M,T,W,Th,F,S,Su)	Assigned / Proposed Teacher
1.		
2.		
3.		
4.		
5.		

**Waver /Limits of Liability:**

Due to the nature of group and private physical exercise and dance, Emilia Caravousanos, NY Studio of Dance (NYSD), Inc., corporate officers, fellow students, landlord, dance instructors, assistants, employees, and contractors shall not be held responsible for injuries, or damages incurred as a result of, during, or relating to their experience, education or performances within or outside of the school proper. Please consult your physician to determine your physical or medical abilities and limitations to perform in this group environment. Each student participant or supervising consenting adult is responsible to consider and determine the student's respective physical, psychological or medical limitations and safety at all times, and shall immediately bring attention to the teacher of any concerns as they may arise. On the reverse side of this page please list any physical injuries or limitations student may have for discussion prior to registration.

**General Rules:**

- Adhere to all studio rules posted at the school and performance venue(s)
- All occupants shall use diligent judgment and not attend the school if sick or feeling ill. (cold, virus, or flu like symptoms)
- Student Parents and Guardians shall supervise their minor children to and from the teaching classroom and school proper, or while in the waiting areas to assure safety and a mutually pleasant environment.
- NY Studio of Dance reserves the right to replace any class with a virtual class (ZOOM meeting or the like) upon warranted school closures, to the extent practical.

**I the undersigned agree to all terms stated herein:**

**Student Signature: x** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Consenting Adult Signature: x** \_\_\_\_\_ **Date:** \_\_\_\_\_