

Mandi Hollis Dance Company llc

Name: _____

Age: _____ Birthdate: _____

Grade this fall: _____ School: _____

Mailing Address: _____

Mom's Name: _____ Mom's Cell: _____

Dad's Name: _____ Cell: _____
(or another family member)

Emergency Contact Person: _____

Emergency Phone: _____

Please list any important medical conditions or allergies
in case of an emergency:

Please list any special requests regarding class days,
times, etc. _____

I understand dance is a strenuous sport at which injuries may occur. I agree not to hold Mandi Hollis Dance Company, LLC, and Staff responsible for any such injuries.

Signature: _____ Date: _____