HIGHWOOD HIGHLAND DANCE

REGISTRATION FORM

Dancers Name:	
Emergency contact:	
Mailing Address:	
Parent Cell(s):	
Email address:	
DOB:	
Almost all communication is done via email so please include the address you check often	
New registrants only- Please provide any previous highland da	nce experience as well as your old dance school:
Please list any medical conditions, (allergies, injuries, etc.) of the	he participant:
instructor nor the management/staff at any rental facility is lia	ty that the participant does so at his/her own risk and the neither the able for any loss, damage, injury or ambulance service resulting from on by or submitted to the HHD becomes the property of the school and stand requirements and conditions of registration*
Parent/Guardian Signature	Date Signed