

The Dance Studio of Union Parish  
 301 N. Lafayette St  
 Farmerville, LA 71241  
 318-548-0124

**Registration Form**

Registration Date:

Account Number:

**Billing Name**

Address

City  State  Zip/Postal

Hm Phone  Private

E-Mail

Parent 1  Hm. Phone   
 Cell  Wk. Phone

Parent 2  Hm. Phone   
 Cell  Wk. Phone

Emergency Contacts  Phone   
 Phone   
 Phone   
 Phone

**Student Name**

Address

City  State  Zip/Postal

E-Mail

Birthdate  Sex  School  Grade

Medical Info:

Dr. Name  Phone

Classes	Name	Level	Room	Day	Time	Tuition
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Registration Fee:

Total Tuition:

I have received, read, understand, and agree to abide by all DSUP rules, regulations, and policies. I agree DSUP shall not be liable in any way for injuries sustained during classes or at any of its related functions and hereby release the studio and employees from all liability for all personal injuries caused by, or arising from activities related thereto.

**\*\*IF BILLING NAME IS NOT A PARENT/GUARDIAN BOTH MUST SIGN BELOW\*\***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_