<u>Margaret Morrison Highland Dancers</u>

| Student Name | | | |
|-------------------------------------|-----------|-------------------|-------------------------------------|
| First | | Middle | Last |
| Date of Birth | Age | | |
| Student Phone Number | | Email: | |
| Teacher: | | Grad | le: |
| Medical Conditions / Allergies | | | |
| | | | |
| <u>If student has a sibling tak</u> | king part | in the class plea | ase complete siblings details here. |
| Student Name | | | |
| First | | Middle | Last |
| Date of Birth | Age | | |
| Student Phone Number | | Email: | |
| Teacher: | | Grad | le: |
| Medical Conditions / Allergies | | | |
| | | | |
| Home Address | | | |
| Street Address | | | Zip Code |
| Parent / Guardian Name | | | |
| Parent / Guardian Phone Number: | | Email: | |
| Parent / Guardian Name | | | |
| Parent / Guardian Phone Number: | | Email: | |
| Emergency Contact Name: | | | Relationship |
| Emergency Contact Number: | | | |
| Emergency Contact Name: | | | Relationship |
| Emergency Contact Number: | | | |

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| The following | people can collect my a | lancer if I am unable to (please remen | nber that they will need to bring their ID) |
|--------------------|---------------------------|---|---|
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| | | | |
| riease inclua | e any notes or aetails | you feel the coach needs to know (| or be aware or: |
| | | | |
| | | | |
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| | | | |
| | | | |
| Please initial r | ext to each of the follov | ving: | |
| | Dancer(s) are encou | raged to wear shorts or leggings to clo | ISS. |
| | Dancer(s) can dance | barefoot (no socks) or ballet pumps (i | ballet pumps are not required) |
| | | ed to bring water bottles to class | |
| | | | |
| | After each class pare | nts are required to sign their dancer(s |) out. |
| | Dancers need to be p | picked up on time, due to schedules th | ne dance teachers need to leave promptly . |
| | | | |
| Parent / Guard | ian Name | Parent / Guardian Sign | Date |
| | | | |
| | | | |
| Margaret Morri | son Highland Dancers | Sian | Date |