

 *Verity Dance Form* 

Name: _____

Name of Parent/Guardian: _____

Address: _____

Telephone Numbers: Home Work Cellular

Email: _____

Date of Birth: _____

Attending Church: _____

School: _____

Dance Experience: _____

Days available for classes: _____

Medical History:

Allergies _____

Injuries _____

Other _____

Parent/Guardian Signature: _____

Date: _____