

**San Pedro City Ballet/San Pedro Ballet School
Registration Form**

Dancer's Name: _____

Gender: _____ DOB _____ Age: _____ Grade: _____

Class	Day	Time	Class	Day	Time
1. _____			6. _____		
2. _____			7. _____		
3. _____			8. _____		
4. _____			9. _____		
5. _____			10. _____		

Parent/Guardian Contact Information (if under 18):

Address: _____

Phone: _____ Email: _____

Secondary Phone: _____ Secondary Email: _____

Emergency Contact Information (if under 18):

Name: _____ Relationship: _____

Phone: _____ Phone (2): _____

Personal Physician and Medical Insurance Information

Doctor's Name: _____ Phone: _____

Insurance Co.: _____ Police No.: _____

Please list any allergies/medical conditions so that we may inform a doctor in case of emergency: _____