

# Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Second Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about the conservatory? \_\_\_\_\_

Please list any medical/allergy issues \_\_\_\_\_

.....

Registration/Application (\$30) \$ \_\_\_\_\_

Tuition \$ \_\_\_\_\_

Housing \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Check #

.....

I/We \_\_\_\_\_, the parent(s)/legal guardian of \_\_\_\_\_ understand that classes will involve physical activity and risk of injury. I assume the risk and upon signing this agreement do hereby release, discharge and hold harmless and safe The Dance Conservatory of Pittsburgh, Inc., its directors, employees, instructors, chaperones, agents and officers from any and all present and future, liability, civil or criminal claims, demand, rights, actions, damages, expenses, compensation and all known and unknown personal injuries, death, loss of property and/or property damage during attendance at The Dance Conservatory of Pittsburgh or any of its related functions. I also give permission for said minor to be treated for medical emergencies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Teacher Evaluation Form

**Applicant**

## **Teacher Information**

Name \_\_\_\_\_

Educational Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Dates the applicant has studied with you \_\_\_\_\_

Subject of study \_\_\_\_\_

Comments: