

The Griffith Academy

New Student Registration Form 2024/2025

Contact Information: (One Student Per Form – please fill out all information carefully and legibly)

Student Name (First/Last):		Date of Birth:	
Student Cell (over 12 only)		Student email (over 12 only)	
Parents Name(s):			
Street Address:	City or Town:	State:	Zip Code:
Primary cell phone:		Secondary cell phone:	
Primary email address:	Email for practice recordings:	Previous Dance Experience:	

Classes: Please enter class information.

Class	Day	Time	Location
Class 1: (e.g. Irish/Ballet/Tap)			
Class 2:			
Class 3:			
Class 4:			
Class 5:			
Class 6:			
Class 7:			

Medical Information: Asthma Yes: ___ No: ___ If yes, use of Inhaler: Yes: ___ No: ___

Allergies: _____

Current or chronic medical conditions/injuries: _____

Liability Disclaimer:

→The Griffith Academy will not be held responsible for any health problems or for any accident resulting from a student's negligence, or from failure to inform the Academy of any condition affecting a student's health, either on this form or during the period of lessons.

Initial: _____.

Tuition Policy: I have read the Tuition Policy and am aware of late fees.

Initial: _____.

Photo Release Consent: I authorize, acknowledge, and give consent to the Griffith Academy for the taking of photos and video and the possible use of these materials in print and digital media associated with the Griffith Academy for the above named student. This release is valid unless expressly revoked by the undersigned in writing.

Initial: _____.

Parent or Guardian Signature: _____

OFFICE USE ONLY:

Amount Paid _____ Check # _____ Cash _____ or Credit Card _____ Date _____ By _____

