

**KNAPP SCHOOL OF DANCE  
STUDENT INFORMATION**

Please print neatly

Students Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Guardians Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Age: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dance experience: \_\_\_\_\_

Medical conditions that we should be informed of \_\_\_\_\_

Person responsible for monthly lesson payments, address, and contact information, if different from above.

\_\_\_\_\_

How did you learn about us? \_\_\_\_\_

*Please see other side*

Emergency contact name and information (Must be different than above)

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I have read and understand the materials given out for the student to successfully appear in this year's recital.

The student will arrive at the scheduled time to warm up and properly prepare for all their classes and this year's recital

I hereby give my permission for the student to be photographed and/or videotaped for publishing in the local papers and/or promotional materials. No promises of compensation have been made to me to secure my signature on this release.

I understand I will be able to purchase copies of the official show video at a later date that will be for my personal use only, and that I will be subject to all related copyright and privacy laws concerning the use of the video. No personal recording devices will be allowed in the auditorium during the recital.

I understand the student will be kept backstage until after the show with no visitors allowed.

If the undersigned is an adult student, the same rules and conditions apply.

I the undersigned certify that I am over **18** years of age and am the proper authorized representative.

Signature X \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_