



## REGISTRATION FORM

618 San Benito St. Hollister, CA. 95023  
Tel: 831-635-0553 Fax: 831-635-0521  
Web: westcoastdancefx.com

**Parent's Name:** \_\_\_\_\_  
**Student's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**E-mail address:** \_\_\_\_\_  
**Date registered:** \_\_\_\_\_  
**How did you hear about us?** \_\_\_\_\_ **T-shirt Size:** \_\_\_\_\_

**Please list the classes you or your child is interested in participating:**

	Day	Time	Class/Level
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

### Medical Information

**Medical Problems/Allergies/Medications:** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please read and sign both the medical release form and studio policies. Return registration form with your \$35 registration fee. All tuition is paid by pre-authorized automatic debit.**

**Office Use Only:**  
Registration Form \_\_\_\_\_ Release Form \_\_\_\_\_ Auto Debit Form \_\_\_\_\_  
Received By \_\_\_\_\_