



CENTRAL INDIANA  
ACADEMY OF DANCE

Home of Central Indiana Dance Ensemble  
14950 Greyhound Ct. Suite # 4  
Carmel, IN 46032  
317-581-2423

# REGISTRATION FORM

*New students: Submit this form with enrollment form and payment.*

Registration Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Email: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Existing injuries/medical conditions: \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

**The undersigned hereby** gives Central Indiana Academy of Dance, its legal representatives, successors and assigns and all persons acting with its permission to take, copyright, use and publish photographs and/or video of or concerning the undersigned for any purpose Central Indiana Academy of Dance deems desirable. The undersigned accordingly releases, discharges and agrees to hold harmless Central Indiana Academy of Dance and all persons acting with its permission or upon its authority or for who it is acting, from any liability for or arising out of taking, copywriting, using and publishing photographs and/or video of the undersigned for any purpose Central Indiana Academy of Dance deems desirable.

*Signed (parent or guardian):* \_\_\_\_\_

*Annual Registration Fee of \$30 (\$35 per family) is due upon registration.*