



Dynamic Dance Allstars Information Sheet



First Name:_____ Last:_____ Middle:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Home Phone:_(____)_____ Parent's Names:_____

Parent Cell Phone : (____)_____ Dancer's Cell Phone (____)_____

Emergency #1_____ Contact Name &Relation:_____

Emergency #2_____ Contact Name &Relation:_____

Parent Email address:_____

Dancer's Email address:_____

Current School:_____ Grade:_____

Birthday:_____

Medications taken (if any):_____

Allergies (if any):_____

*I give my permission to administer
basic first aid to my dancer:_____

Parent Signature

Date

*I agree to comply with the rules set forth by Dynamic Dance Allstars and
any rules and regulations set forth at any association or event attended.

Dancer's Signature

Date