

Psalm 149:3 Let them praise his name with dancing.



# DANCE REGISTRATION FORM

OFFICE USE ONLY

SESSION			INITIAL
<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING	<input type="checkbox"/> CAMP	

## MAIL REGISTRATION FORM and Payment to:

St. Andrew's Lutheran Church • 900 Stillwater Road • Mahtomedi, MN 55115

STUDENT 1 \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

GRADE (FALL 2010) \_\_\_\_\_ CLASS DAY \_\_\_\_\_ CLASS TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

CLASSMATE REQUEST \_\_\_\_\_ ALLERGIES / HEALTH CONCERNS / SPECIAL NEEDS \_\_\_\_\_

STUDENT 2 \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

GRADE (FALL 2010) \_\_\_\_\_ CLASS DAY \_\_\_\_\_ CLASS TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

CLASSMATE REQUEST \_\_\_\_\_ ALLERGIES / HEALTH CONCERNS / SPECIAL NEEDS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENTS NAME(S) \_\_\_\_\_

HOME PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

CELL PHONE # 1 ( \_\_\_\_\_ ) \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

CELL PHONE # 2 ( \_\_\_\_\_ ) \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN SPIRITED FEET DANCE CLASSES. I UNDERSTAND THERE ARE INHERENT RISKS IN PARTICIPATION. I WAVE ALL LIABILITY AND AGREE TO HOLD HARMLESS SPIRITED FEET, HOST LOCATION, AND THEIR EMPLOYEES IN THE EVENT OF INJURY, LOSS OR DAMAGE TO PERSON OR PROPERTY.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I GIVE SPIRITED FEET PERMISSION TO TAKE PICTURES AND VIDEO FOR PROMOTIONAL PURPOSES.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



Spirited Feet  
1671 Thornhill Court, Woodbury, MN 55125  
651-578-7878

[www.spiritedfeet.com](http://www.spiritedfeet.com)