

# Suzanne Semans Dance Studio

2360 S. Dairy Ashford Houston, Texas 77077 281-558-5133

Email: [Suzanne@suzannesemansdancehouston.com](mailto:Suzanne@suzannesemansdancehouston.com)

Web: [www.suzannesemansdancehouston.com](http://www.suzannesemansdancehouston.com)

## 2023-2024 Student Registration Form

(Please print in blue or black ink)

Student's name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Home phone# \_\_\_\_\_ Student phone: \_\_\_\_\_

Email address(es): \_\_\_\_\_

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

Grade level: \_\_\_\_\_ School: \_\_\_\_\_

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work phone# \_\_\_\_\_ Cell phone# \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work phone# \_\_\_\_\_ Cell phone# \_\_\_\_\_

COVID Vaccinated? ( Y / N )

Emergency contact's information (other than parent):

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

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

Home phone# \_\_\_\_\_ Work phone# \_\_\_\_\_

Cell phone# \_\_\_\_\_ Relationship to student: \_\_\_\_\_

In consideration of the admission of my child (children) into classes conducted at *Suzanne Semans Studio*, I for myself, my executors, administrators, and assigns do hereby voluntarily and knowingly release and discharge Suzanne Semans, her agents, and employees from all claims of damages, demands, or actions whatsoever in any manner arising or growing out of such child's (children's) attendance or participation in the classes, programs, and activities conducted at the *Suzanne Semans Studio*. Furthermore, I hereby agree to indemnify, hold from any and all claims, costs, expenses, damages and liabilities, including attorney's fees incurred because of any claim such child (children) may have against Suzanne Semans, her agents, and employees.

\_\_\_\_\_  
Signature / relationship to student

\_\_\_\_\_  
Date

\_\_\_\_\_ I give permission for my child's photo to be posted on the studio website and/or on social media.