

Dance Class Membership Form

Complete your enrollment with our **dance class membership form**, designed to gather essential participant information and emergency contacts. This sample form ensures safety and smooth communication by collecting all necessary details before classes begin. Join with confidence knowing we prioritize your well-being and readiness.

Participant Information

Full Name *

Date of Birth *

Street Address *

City *

Email Address *

Phone Number *

Dance Experience (optional)

E.g., Beginner, Intermediate, Advanced

Emergency Contact 1

Name *

Relationship *

Phone Number *

Emergency Contact 2 (Optional)

Name

Relationship

Phone Number

Medical & Special Needs

Please list any allergies, medical conditions, or special needs

I confirm that the above information is accurate and I agree to abide by class policies.

Submit Membership