

# 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

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**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