

ADCCommunity Registration 2011-12

Student Information:

Female Male

Surname	First Name	Age
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Address	Town	Postal Code
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Parent / Legal Guardian Information:

Surname	First Name
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Phone #	Cellphone #	E-Mail Address
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Alternate & Emergency Contact Information:

Surname	First Name
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Relationship to Dancer	Phone #
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Classes:

Desired Class(es) - Please List:

Please describe any special needs and/or accommodations that will help our instructors provide as positive a dance experience as possible (medical condition, allergies, physical limitations, learning needs):