



**\*\*Please mail with payment to Shannon Cooper at 33 Lamberts Ln, Coatesville, PA 19320**

**Registration Form**

Students Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Mothers Name \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_

Fathers Name \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Physicians Name \_\_\_\_\_

Physician's Number \_\_\_\_\_

Class \_\_\_\_\_

\_\_\_\_\_

Tuition \_\_\_\_\_ + Registration Fee (\$10 for single, \$15 for family) = Total Due  
\$ \_\_\_\_\_

Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

**Parent/Student Agreement**

**I hereby waive any and all future claims against Shannon Cooper's Academy of Dance and The Wagontown Fire Company and its employees for any injuries, illness, or loss sustained out of participation in any classes. I represent my child to be in good physical health and understand that participation in classes may involve significant physical movement and exertion. I represent that my child is covered under my insurance and am fully responsible for any sickness, loss or injuries that may result.**

**Signature** \_\_\_\_\_

**(Must be signed by Parent or Guardian if under 18)**

**Please list any allergies, medical or emotional problems that you feel I should be aware of:**

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