

The Dancer's Bridge and R&B Dance Company Application

Dancer's Name _____ Age _____ Birthdate _____

Cell Number _____ Email Address _____

Health Insurance Company _____

Policy Number _____

Group Number (If Applicable) _____

Contact Info:

Mother's Name _____ Contact Ph No _____

Father's Name _____ Contact Ph No _____

Emergency Contact: _____ Contact Ph No _____

Have you had any serious injury, illness, or surgery? If yes, describe and give dates:

Do you have any medical problems or allergies that may interfere with the Dancer's Bridge Program or the R&B Dance Company? If yes, please describe the problems and list any medications you require.

Dance Training History

Current Dance Studio/School

Name _____ City & State _____

Director's Name _____ Contact Phone No. _____

Years of training _____ Avg number of classes per week _____

How did you hear about The Dancer's Bridge? _____