BALLET SPARTANBURG
CENTER FOR DANCE EDUCATION

2026 – 2027 Registration Form

FIRST POSITION INITIATIVE

Please print and complete in full for each STUDENT:

OFFICE USE ONLY:

RR: _____ Baserow: _____ Paid: _____ MC: _____

STUDENT INFORMATION

Student Name: _____

Preferred Name: _____

DOB: _____ Age: _____ Gender: _____

School: _____ T-Shirt Size: _____

FPI Class Code: _____

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Preferred Contact: Text / Email / Phone

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone: _____

MEDICAL INFORMATION

Allergies: _____

Medical Conditions: _____

Disabilities/Diagnoses: _____

DANCE EXPERIENCE

Previous dance experience: _____

Goals: _____

PICK-UP AUTHORIZATION

1. _____ Phone _____

2. _____Phone _____

3. _____ Phone _____

PHOTO & VIDEO RELEASE

☐ YES, I give permission. ☐ NO, I do not.

Initials: _____

PARENT/GUARDIAN AGREEMENT

Signature: _____ Date: _____