

Sheila Rosanio's School of Dance & Gymnastics
2017 - 2018 Repristration Form



Please PRINT Clearly

Student Name _____

Age: _____

Birthday _____

Address _____

Email : _____

City: _____

Zip Code _____

Telephone # _____

Cell # _____

Parents or Guardian
First & Last Names _____

Friend or Relative To
Call in Emergency _____

Phone # _____

Please Read & Sign :

I fully understand that Sheila Rosanio's School of Dance & Gymnastics and its staff cannot and will not be held responsible for any injuries that may occur while attending or participating in any studio activity. Sheila Rosanio's School of Dance & Gymnastics will not be held responsible for any loss or damage to any personal property brought on the premises.

Parent's Signature & Date

Day of Class or Classes

Time of Class or Classes

Amount Per Class Per Month