Sheila Rosanio's
School of Dance
& Gymnastics

2025-2026 Season

Please PRINT clearly
Student Name: _____
Age: _____ Birthday: _____

Address: _____
City, State & Zip Code: _____

Email: _____
Phone Number: _____

Medical Conditions or Known Allergies:_____

Parent's or Guardian's First & Last Names: _____
Phone Number (if different): _____

Friend or Relative to Call in Case of Emergency: _____
Phone Number & Email: _____

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 onto the premises.

Parent's Signature: _____ Date: _____
Please list your days and times of classes you wish to participate in:

Day	Time	Type of Class