



## Augusta Savage Mentoring Center

### Class Registration Form

Name of Class: \_\_\_\_\_ Name of Instructor: \_\_\_\_\_

Length of Class: \_\_\_\_\_ (i.e. begins "date" or Workshop 1, etc.) Day of Class: \_\_\_\_\_ (M,T,W,TH)

Student's Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Previous classes (what style/type, how many years): \_\_\_\_\_

\_\_\_\_\_

Are you interested in participating in a year end show? (If applicable) \_\_\_\_\_

Parent/Custodian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_