

## Member Registration

The Anjolique Dance Company P.O. Box 617, Basseterre, St.Kitts 1869 669 7301

anjoliquedancecompany@gmail.com 
AnjoliqueDanceCompany 11
www.anjoliquedance.com Anjolique Dance

Date			
Dancer Information			
Name			
Date of Birth			
Primary Phone	Parent/Emergency C	Contact	
Primary Email Address			
Legal Release and Policy Accepta	nce (please place your initial in	a slots below)	
I/we abide by the ADC Code of Conduct		I/we abide by the ADC Rules and Regulations	
I/we understand the risks related to dance		I/we understand my responsibilitie for my property	
I/we understand the dress code		I/we understand the schedule	
I/we give media use rights permission		I/we agree to the attendance policy	
Dancer/Responsible Party/ Parent Signature		Date	
ADC Sessions calendar			
Day	Time	Availability (tick below)	
Tuesday session	6:00 - 7:30		
Saturday session	3.00 5.00		

Registration Fee - \$30 (to be paid in January)

Monthly fee - \$25



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Measurements					
Height _	Girth _	Tights size	Shoe size	Inseam	Leotard size
Medical					
Allergies					
Medical Conditio	ns				
Will you/ your ch	ild require ar	ny special medical a 	attentions during a	normal class so	ession? If yes, explain;
Dance Experience	e				
(Please indicate in	n the table the	e groups that you h	ave been in or are	currently in)	
Group Name					Year
Favourite dance g	genre		·		
Strongest dance g	enre				
Weakest dance go	enre				
Is there any addit	ional informa	tion that you would	d like us to know?		
/ ·		e asked to perform	-	illing to perfor	m?