

Shirley McPhail School of Dance (SMSD)

New Student Inquiry Form

Date: _____

Preferred Studio: **MESA PLAZA**

Student: _____ Age: _____

Parent (if student is under age 18): _____

EMAIL: _____ **Cell Phone #:** _____

Questions asked: Has student danced before? YES NO

What style are they interested in? _____

I hereby allow my child/dancer named above, to try out a class at the Shirley McPhail School of Dance. I also waive claim and release finally Shirley McPhail School of Dance, Edwina Worley, its staff, instructors and other personnel for claim or liability for any injury or accident occurring or arising from the instructional program or incidental sponsored activities either on or off premises.

I do authorize emergency first aid care to said student by the School in the event he/she becomes injured or ill during instructional program or incidental sponsored activities either on or off premises. If the parents and/or guardians of the child are not immediately available at the telephone numbers provided in the agreement, I further authorize the School, Edwina Worley or such agents as she may authorize to retain the services of a doctor or other competent medical person in order to treat the said minor.

Parent's Initials _____ **Date** _____

PLEASE LIST THE CLASS(ES) YOU WISH TO TRY:

Date of Trial Class	Style/Day/Time	Instructor

TEACHER COMMENTS

APPROVED RECCOMENDED CLASS:

OFFICE FOLLOW UP

Date Contacted Student/Parent: _____

Comments: _____

If NO,

Thank you letter for visiting studio was sent on _____.

Name was entered in the computer for future mailings on _____.