



PRAISE ACADEMY of DANCE BARBADOS

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REGISTRATION FORM

NAME: _____

ADDRESS: _____

TELEPHONE: (H)_____ (w)_____ (c)_____

DATE registered: DAY_____ MONTH_____ YEAR_____

E-Mail (S)_____

Please state where you work and/or study and what job post you hold, if any:

DATE OF BIRTH: DAY_____ MONTH _____ YEAR_____

GENDER: MALE____ FEMALE ____ NATIONALITY: _____

PARENT/GUARDIAN'S NAME: _____

Contact Numbers: (H)_____ (W)_____ (C)_____

CHURCH _____

HAVE YOU EVER DANCED BEFORE? (If so, please state where, when and whether or not you have had formal training and with whom)

WHAT STYLES OF DANCE ARE YOU INTERSETED IN?

HOW DID YOU HEAR ABOUT PRAISE ACADEMY & WHAT CAUSED YOU TO JOIN

Praise Academy of Dance (B'dos), Registration Form (Cont'd)

Medical Declaration

Are you presently, or have you ever suffered with any of the following? If so, please state **YES** or **NO**:.....

Heart Disease, Cardiac Arrest, Arthritis, Chest Pains, Knee Injury, Back Injury,

Neck Injury, Shortness of Breath, Asthma, Anemia, Seizures, Tumor, Cancer,

Hip Injury, Leg Injury, Spinal Injury, Diabetes, Hepatitis B, Hypertension

If **YES**, please state the nature of the injury/injuries and any relevant details, including whether or not the stated injury/injuries required surgery.

If **No**, please state any other injuries which you suffer(ed).

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Name:.....

Signature:.....