



Perkette Dance Team

Perkette Junior Clinic Registration Form

Participants Full Name: _____

Date of Birth: _____ Age: _____

Parent/ Guardian Name: _____

Relationship to Participant: _____

Cell Phone Number: _____

E-Mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Please list any Medical Conditions or Severe Allergies:

Medical Insurance Information:

Policy Holder: _____

Insurance Co. Address: _____

Policy Number: _____ Phone Number: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Cell Phone: _____ Secondary Phone: _____

T-Shirt Size: Youth Small Youth Medium Youth Large Youth XL

Adult Small Adult Medium Adult Large

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