



### Trial Class Form

Dancer's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Parent's Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Previous Studio/Dance Experience: \_\_\_\_\_  
How did you hear about Peachtree Dance? \_\_\_\_\_  
Class/Areas of Interest: \_\_\_\_\_

#### Trial Class Attending:

Date: \_\_\_\_\_ Class Day/Time: \_\_\_\_\_  
Instructor: \_\_\_\_\_ Class Style/Level: \_\_\_\_\_

WAIVER: I release Peachtree Dance, Peachtree Presbyterian Church, the instructors and staff from any/all claims or liability due to personal injury or loss of property which my child may sustain as a result of participating in any activity connected with Peachtree Dance.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Instructor Use Only:

Instructor Notes/Comments: \_\_\_\_\_  
\_\_\_\_\_  
Approval for Class? YES NO  
If no, what class style/level do you recommend? \_\_\_\_\_

#### For Instructor/Office Use Only:

Instructor Follow Up by \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Office Follow-Up with Dancer's Parent/Guardian by \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date registration complete: \_\_\_\_\_  
If not registering, why? \_\_\_\_\_  
Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_