



Island Sports and Dance  
 3700 N. Courtenay Pkwy. Suite 106  
 Merritt Island, FL 32953  
 321-453-5551

Registration (Please Print)

Student: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
*Last name First name*

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Cell # \_\_\_\_\_

Home phone \_\_\_\_\_ School attending \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work # \_\_\_\_\_

\*Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Medical Concerns (allergies, medication) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

How did you hear about IS&D? \_\_\_\_\_

I authorize & grant permission to IS&D to treat minor injuries. I authorize & grant permission to IS&D to obtain medical information should my child become ill or injured and the guardian and emergency contact is unreachable. I hereby release & forever discharge IS&D from any liability, claim, cause action, demand or damages from injury of any kind to me, my child, or my property as a result of my participation in the programs offered by IS&D. I have also read and acknowledge the policy & information for students set by IS&D and understand them. Please initial \_\_\_\_\_.

Parent/ legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

(Check one 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ child/ student)

Day \_\_\_\_\_ Time \_\_\_\_\_ Class name \_\_\_\_\_ Teacher \_\_\_\_\_

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