



AMBER ACADEMY

OF CHEER & DANCE

1934 Louisiana Ave.
New Orleans, LA 70115

REGISTRATION FORM

STUDENT INFORMATION

Full Name _____

Date of Birth ____ / ____ / ____ Age ____

Gender ☐ Male ☐ Female

Home Address _____

City _____ Zip Code _____

Phone Number _____ Parent Email _____

CONTACT INFORMATION

Parent/Guardian Name _____

Home Phone _____ Work/Cell Phone _____

Emergency Contact Name _____ Emergency Phone _____

Relationship to Student _____ Alternate Phone _____

ADDITIONAL INFORMATION

Does your child suffer from any health conditions? If yes, please explain. ☐ Yes ☐ No

Please list any/all allergies:(Latex,peanut butter, gluten, etc.)

Dancewear Information:

Please list Leotard Size/Top&Bottom Size(s)/Shoe Sizes in this order.

I have received and hereby agree to adhere to all Amber Academy policies, rules, and regulations as listed within the Amber Academy Handbook & I agree to adhere to the Amber Academy Contract. Enrollment is automatically assumed and billed on a 1 year basis. No refunds, unless otherwise noted. ☐ Yes ☐ No

Parent Signature
