

**Diva Arts Dance Studio**  
**PERSONAL INFORMATION SHEET**  
**APPLICATION**

Date: \_\_\_\_\_

Applying for Scholarship \_\_\_ Yes OR \_\_\_ No

\_\_\_\_\_  
LAST NAME FIRST NAME NICKNAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
PARENT/GUARDIAN

**Child's Age:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_ **School:** \_\_\_\_\_

**(MOM) HOME PHONE** \_\_\_\_\_ **(DAD) HOME PHONE** \_\_\_\_\_

**WORK PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**\*\*In case parents/guardians cannot be reached, please contact: (must be at least 21 yrs. old)**

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Contact Number: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (ALT) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Subscriber \_\_\_\_\_

Policy # \_\_\_\_\_ Group# \_\_\_\_\_ Relationship \_\_\_\_\_

Other Insurance \_\_\_\_\_

Complete the following entirely. Please print N/A on line(s) that do not apply to your child. **DO NOT LEAVE BLANK.**

- a. My child has the following medical condition(s): \_\_\_\_\_
- b. My child takes the following medications regularly: \_\_\_\_\_
- c. My child has the following allergies: \_\_\_\_\_

My signature below grants written permission for my child to participate with Arts & Academics for Excellence under the auspices of Diva Arts & Entertainment, Inc., (DA&E); and I hereby waive, release, absolve, indemnify and agree to hold harmless DA&E, its staff thereof and any other individual, group, organization or corporation affiliated with DA&E, for any claim arising out of any injury to the participant/my child.

**Parent/Guardian signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

-----  
**FOR OFFICE USE ONLY: Scholarship**

**Approved:** \_\_\_\_\_ **Disapproved** \_\_\_\_\_ **Director Signature** \_\_\_\_\_

**Deposit Amt. Pd.** \_\_\_\_\_ **Date:** \_\_\_\_\_