



**Nithya Sathangai Narthanaalayaa**

**நித்ய சதங்கை நர்த்தனாலயா**

**Art College**

Address : NSN Art, Torbjørns vei 13

1473 Lørenskog

Phone : 0047 9986 6600

Email : yalinibalen@gmail.com

**Org Nr: 917961409**

## Dance Class Registration Form

### Student Personal Information:

- Full Name of Student: \_\_\_\_\_
- Date of Birth (dd.mm.yyyy): \_\_\_\_\_
- Age: \_\_\_\_\_
- Gender: ☐ Female ☐ Male ☐ Other
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### Parent/Guardian Details:

- Parent/Guardian Name: \_\_\_\_\_
- Relationship to Student: \_\_\_\_\_
- Parent/Guardian Contact Number: \_\_\_\_\_
- Parent/Guardian Email: \_\_\_\_\_

### Emergency Contact:

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

### Dance Experience:

- Have you learned **Bharatanatyam** before? ☐ Yes ☐ No
- If yes, please describe your training (e.g., teacher/guru, years, stage performances): \_\_\_\_\_
- Are you currently learning dance elsewhere? ☐ Yes ☐ No



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**Skill Level:**

Please select your current level:

- ☐ Beginner (no prior training)  
☐ Basic (1–2 years of training)  
☐ Intermediate (3–5 years)  
☐ Advanced (more than 5 years or completed Arangetram)

**Group Communication Preference:**

We use group messaging apps for class updates and communication. Please tick your preferred option:

- ☐ WhatsApp ☐ Messenger ☐ Both ☐ None

**Medical Conditions (if any):**

Please mention any health concerns we should be aware of:

**How did you hear about us?**

- ☐ Friend/Family ☐ Social Media ☐ Website ☐ Other:

**Consent & Declaration:**

I hereby declare that all the information provided is true to the best of my knowledge.

I give consent to participate in the dance classes and agree to follow the class guidelines and safety instructions.

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

**Signature of Student**

**(Parent/Guardian, if minor)**