All That Dance
STUDENT REGISTRATION FORM
(please print clearly)

Student's Name_____Phone_____

Address_____
Street City State Zip

Mom's Name_____Cell Phone_____Home_____

Dad's Name_____Cell Phone_____Home_____

Email _____@_____
(PLEASE PROVIDE AN EMAIL THAT IS CHECKED OFTEN AS WE USE THIS TO UPDATE YOU ON DANCE EVENTS)

Emergency Contact_____Phone #_____

Student's Birthday _____Age_____ Grade_____School_____

What dance classes have you taken before? How many years? Where?
_____
_____

How did you hear about our studio? Friend_____Friend's Name_____

Drive By_____Website_____Internet Search_____Phonebook_____Other_____

We at All That Dance understand our obligation to make sure that all of our students and their parents are aware of the risks and hazards involved in the sport of dance. By signing this waiver, you are hereby releasing All That Dance and all of its employees from all claims on account of any injury which may be sustained by your child while attending any dance class or event associated with All That Dance. In signing this waiver, you also acknowledge your responsibility in paying registration, tuition, costume, and or recital fees on time. You also affirm that you carry proper medical, health and hospitalization insurance which you consider adequate protection for your child and All That Dance.

_____ _____
PARENT SIGNATURE PERMISSION TO USE PHOTO ON OUR WEBSITE

FOR OFFICE USE ONLY						
Session	**Day**	**Tuition**	**Costume Deposit**	**Date**	**Payment**	**Balance due**
Registration fee						
Class						
1.						
2.						
3.						
4.						
5.						
6.						
7.						