ALL THAT DANCE, INC.
STUDENT REGISTRATION FORM

Student's Name_____Cell_____

Address_____
Street City State Zip
Mom's Name_____Cell/Home Phone_____

Dad's Name_____Cell/Home Phone_____

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 (please check all that apply)?

_____Friend_____Sign_____Website_____Phonebook_____Facebook_____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 DATE

FOR OFFICE USE ONLY						
Session		**Fall Tuition**	**Check #**	**Monthly**	**Payment**	**Balance due**
Registration fee $30	**Day**					
Class						
1.				A		
2.				S		
3.				O		
4.				N		
5.						
6.						
7.						