

**ALL THAT DANCE, INC.**  
**STUDENT REGISTRATION FORM**

Student's Name \_\_\_\_\_ Cell \_\_\_\_\_

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 (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

<b>FOR OFFICE USE ONLY</b>							
Session	Day	Tuition	Costume	Recital	Monthly	Payment	Balance due
Registration fee \$20							
<b>Class</b>							
1.					J		
2.					F		
3.					M		
4.					A		
5.					M		
6.							
7.							