



# American Stars of Dance, Inc. PRIVATE LESSON RELEASE FORM

237 Depot Street P.O. Box 518  
Antioch, IL 60002

133 Cedar Ave.  
Lake Villa, IL 60046

Office (847) 838-1234 Fax (847) 838-0699 email: [office@americanstarsofdance.com](mailto:office@americanstarsofdance.com) website: [www.americanstarsofdance.com](http://www.americanstarsofdance.com)

### PARENT INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

Parent or Guardian #2: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Please check if you prefer newsletter to be emailed

Emergency Name: \_\_\_\_\_

Emergency Phone No.: \_\_\_\_\_

### STUDENT INFORMATION

Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Birthday: \_\_\_\_\_

Age: \_\_\_\_\_

Dr. Name: \_\_\_\_\_

Health Restrictions: \_\_\_\_\_

Previous Studio: \_\_\_\_\_

Current student of American Stars of Dance, Inc.? \_\_\_\_\_

### HOLD HARMLESS AGREEMENT AND TUITION PAYMENT AGREEMENT:

I hereby give my permission for my daughter/son (Name) \_\_\_\_\_ to participate in the program(s) at American Stars of Dance, Inc. I hereby accept all risks and responsibilities for the use of premise, area, and/or facility including the use of equipment. I further agree to indemnify and save harmless the staff of American Stars of Dance, Inc. including any corporate officers of liability claims, demands, actions, and causes of action that may arise out of the use of thereof. I further give my permission for my daughter/son to be photographed and/or video taped during all classes, rehearsals and performances.

**Tuition Policy:** All tuition must be paid for at the time of the lesson or before.

### **I HAVE READ AND UNDERSTAND THE TERMS OF THE ABOVE AGREEMENT.**

Parent/Guardian Signature: \_\_\_\_\_

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

Date Received: _____	Class Day: _____	Class Time: _____	Tuition: _____
----------------------	------------------	-------------------	----------------