



American Stars of Dance, Inc. Dance Registration Form 2008-2009

Received _____

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Antioch, IL 60002

Office (847) 838-1234

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133 Cedar Ave.
Lake Villa, IL 60046

ACCOUNT INFORMATION:

Name (Parent or guardian): _____ Home Phone: _____

Address: _____ Email: _____

City/St/Zip: _____

Parent 1: _____ Phone: _____ Cell: _____ Work: _____

Parent 2: _____ Phone: _____ Cell: _____ Work: _____

Emergency Name: _____ Emergency Phone: _____

STUDENT INFORMATION:

Student Name: _____ Sex: _____ Birthday: _____ Age: _____

Address: _____ School: _____

City/St/Zip: _____ Grade: _____ Year Started Dance: _____

Dr. Name: _____ Dr. Phone: _____

Allergies _____ Health Restrictions: _____

CLASSES REQUESTED:

- | | |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Combination - 1 hour | <input type="checkbox"/> Ballet – 1 hour |
| <input type="checkbox"/> Combination (intermediate or advanced) - 1½ hours | <input type="checkbox"/> Hip Hop (ages 9 & up) - 1 hour (Previous experience or Teacher evaluation for placement) |
| <input type="checkbox"/> Jazz (ages 8 & up) - 1 hour | <input type="checkbox"/> Parent & Tot (ages 18 mo. - 3 yrs) - 45 minutes |
| <input type="checkbox"/> Boys Tap & Tumbling - 1 hour | <input type="checkbox"/> Boogie Babies (ages 2 - 3) - 45 minutes |
| <input type="checkbox"/> Just the Boys (intermediate) - 1 hour | <input type="checkbox"/> Pom-Pons (ages 7 - 11) - 1 hour |
| <input type="checkbox"/> Adult (beginner or intermediate) - 1 hour | <input type="checkbox"/> Pom-Pons (ages 12 & up) - 1 hour |
| <input type="checkbox"/> Adult Combination (advanced) - 1½ hours | <input type="checkbox"/> Special - _____ |
| <input type="checkbox"/> Tumbling - 1 hour | |

Please indicate your availability:

Mornings (9-12pm) _____ Afternoon (3-5pm) _____ Saturdays _____
Afternoon (12-3pm) _____ Evenings (after 5pm) _____

Please indicate times you CANNOT attend _____

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. I understand that the recital is mandatory for all dance classes.

Tuition Policy: One month of tuition (per student) and a \$20 registration fee (per family) is due at the time of registration and will be applied to the August tuition and two dance classes at the end of our season. All tuition is due by the 15th in equal payments over the ten-month program. If a class is dropped for any reason, I agree to give two weeks written notice, **forfeit the one-month pre-paid tuition and the \$20 registration fee, and pay any balance due.** Tuition will be prorated for new students entering the program after the start date. Our programs are based on participation throughout the ten-month program including the recital. All decisions regarding special exemption from the recital due to conflicts will be at the discretion of the instructors.

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

Parent/Guardian Signature: _____ Date: _____