



American Stars of Dance, Inc. Dance Camp Registration Form **Summer 2021**

Received _____

237 Depot Street
Antioch, IL 60002
Office (847) 838-1234 Fax (847) 838-0699

email: office@americanstarsofdance.com
website: www.americanstarsofdance.com

STUDENT INFORMATION

Name: _____ F / M Birthday: _____ Age: _____
 Address: _____ City/St/Zip: _____
 Home Phone: _____
 Emergency Name: _____ Allergies/Health Restrictions: _____
 Emergency Phone No.: _____ Email: _____

PARENT INFORMATION *(please note if parent address is different from student address)*

Parent or Guardian Name: _____ Cell Phone No.: _____
 Parent or Guardian #2: _____ Cell Phone No.: _____

Please circle classes wanted – see schedule for dates offered

- BOOGIE KIDS 4 Weeks
- TINY DANCER Session 1 Session 2
- BALLET & TAP Session 1 Session 2
- BALLET, TAP, & JAZZ Session 1
- STRENGTH & FLEXIBLTY 4 Weeks
- HIP HOP JR. 4 Weeks
- HIP HOP SR. 4 Weeks
- TECHNIQUE Date: _____
- OTHER Date: _____

Enroll in more than one class and save \$5 on each additional class! Technique classes are exempt.

Tuition due before class starts.

Cash _____ Check # _____ Charge _____

Schedule is subject to change

Please register one week in advance

HOLD HARMLESS AGREEMENT: I hereby give my permission for my daughter/son to participate in the program(s) at American Stars of Dance, Inc. I hereby accept all risks and the responsibilities for the use of premise, area, and/or facility including the use of equipment. I further agree to indemnify and save harmless may arise out of the use of thereof. I further give permission for my daughter/son to be photographed and/or videotaped during all classes, rehearsals, and performances. I understand any of which may be used for purposed of promoting American Stars of Dance, Inc. through newspaper ads/articles, brochures/flyers, and the studio's website without releasing the participant's name. I have read and understand the terms of the above agreement.

Parent/Guardian Signature: _____ Date: _____