



## 2009-10 Registration Form

\_\_\_\_\_  
Student Name (Last, First)

\_\_\_\_\_  
Age

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent (Guardian) Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Alternate Number

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Emergency Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Necessary Medical Information

\_\_\_\_\_  
Previous Dance Training

The undersigned parent or guardian of the said applicant understands that the applicant will be engaging in physical activity that contains a risk of physical injury. The undersigned hereby assumes this risk and, in doing so, releases Allison's Dance Academy and its employees from any and all liability for personal injury arising from the participation in the dance classes of the 2009-2010 dance year.

The undersigned parent or guardian understands that the registration fee is non-refundable and is due when the applicant registers for classes. Monthly tuition is due on the 1<sup>st</sup> of each month and is late after the 10<sup>th</sup>. A \$10 late fee will be charged after the 10<sup>th</sup>. A \$25 return check fee will be charged for any returned check.

\_\_\_\_\_  
Signature of Parent (Guardian)

\_\_\_\_\_  
Date

**Mommy & Me**

**Ballet**

**Preschool**

**Tap**

**Adult Class**

**Jazz**

**Combo Class**

**Clogging**