



Fall 2009-2010 Registration Form

Student No. 1 Information

Name:	Age:	Birth date:	Grade:	School:

Student No. 2 Information

Name:	Age:	Birth date:	Grade:	School:

Student No. 3 Information

Name:	Age:	Birth date:	Grade:	School:

Parent Information

Name:	Home Phone #:	Work Phone #:	Mobile Phone #:
Address:		City:	Zip Code:
E-Mail Address:			
How did you hear about us?			

Emergency Contact Information

Name:	Home Phone #:	Work Phone #:	Mobile Phone #:

All-Starz Dance Studio Waiver:

I understand that I have enrolled my child in All-Starz Dance Studio under normal supervision, and I will not hold responsible any instructor, owner, or operator of said studio for any accident and further agree to hold harmless the owner or operator of the premises on which said studio may conduct classes. Photo Release: The studio is hereby granted permission to take photographs of the students to use in brochures, web sites, advertisements and other promotional materials the studio creates. Permission is also hereby granted for the school to copyright such photographs in its name.

_____ (PARENT'S SIGNATURE) _____ (DATE)

Class(es): _____
 Monthly Fee: \$_____