

ALTON STREET DANCE REGISTRATION

STUDENT NAME _____ GRADE _____ AGE _____

ADDRESS _____

CITY/TOWN _____ ZIP _____

HOME # _____ CELL# _____

E-MAIL _____

ALLERGIES/MEDICAL CONDITIONS _____

Please list on the back any learning disabilities or anything else ASD instructors and staff should be aware of.

GUARDIAN INFORMATION

GUARDIAN(S) NAME _____

HOME # _____ CELL# _____

E-MAIL _____

EMERGENCY CONTACT

NAME _____ PHONE NUMBER _____

CLASS INFORMATION

1ST CHOICE _____ DAY/TIME _____

2ND CHOICE _____ DAY/TIME _____

For additional classes please write on the back of this form.

I, the parent/guardian of the above-named child, hereby give my consent to participate in any and all active dance classes at Alton Street Dance. I know that participation in dance could result in possible injuries. I hereby waive, release, absolve, indemnify and agree to hold harmless Alton Street Dance the Owner/Director or staff members for any claim arising out of any injury to child, whether the result of negligence or for any other cause. I also realize that photos may be taken during class and at performances. I give Alton Street Dance permission to post photos on the studio bulletin boards, website, and in photo albums.

Guardian Signature: _____ Date: _____

Each student must have their own registration form and \$10 registration fee. Tuition & registration cost is per student. Cash and Checks are accepted. Please make checks payable to Alton Street Dance.