



2020-2021 REGISTRATION FORM

DANCER'S NAME: _____
 ADDRESS: _____
 CITY: _____ ZIP: _____ EMAIL ADDRESS: _____
 PHONE NUMBER HOME: _____ WORK: _____ CELL: _____
 BIRTH DATE: _____ AGE: _____ SCHOOL/GRADE: _____
 PARENT'S NAME: _____
 EMERGENCY CONTACT: _____ PHONE: _____

PLEASE CHECK THE CLASSES YOUR DANCER IS INTERESTED IN TAKING:

- | | | |
|---|--|--|
| <input type="checkbox"/> TINIEST STARS (1.5-3) | <input type="checkbox"/> SHOOTING STARS I (8-11) | <input type="checkbox"/> STARS |
| <input type="checkbox"/> TWINKLING STARS I (3-4) | <input type="checkbox"/> SHOOTING STARS II (12&up) | <input type="checkbox"/> RISING STARS II |
| <input type="checkbox"/> TWINKLING STARS II (4-5) | <input type="checkbox"/> LYRICAL STARS (8&UP) | <input type="checkbox"/> STARLETS |
| <input type="checkbox"/> SHINING STARS I (5-8) | <input type="checkbox"/> HIP HOP STARS I (8-11) | <input type="checkbox"/> ADULT STARS |
| <input type="checkbox"/> SHINING STARS II (6-8) | <input type="checkbox"/> HIP HOP STARS II (12&up) | |
| <input type="checkbox"/> SUPER STARS (5-8) | <input type="checkbox"/> ACRO STARS I | |
| <input type="checkbox"/> SPECIAL STARS | <input type="checkbox"/> ACRO STARS II | |

Please read and sign below:

LIABILITY WAIVER: Alliance Dance Academy provides classes and training at the exclusive risk of its participants. As parent/guardian/dancer my signature below indicates my complete understanding and acceptance of this liability waiver and consent for any emergency medical treatment. My signature represents an acknowledgement that dance is a rigorous activity and releases all claims, due to negligence or otherwise, against Alliance Dance Academy and its owners and employees. I understand that Alliance Dance Academy does not carry any medical insurance for its students or guests. All fees are non-refundable. We reserve the right to cancel any class that does not meet our minimum requirements (in this case, fees would be refunded). My signature represents permission to use any images of dancer for any event or publicity purposes.

Parent/Gardian Signature: _____ **Date:** _____

★★★★★★★★★★★★★★★★★★★★ **FOR OFFICE USE ONLY** ★★★★★★★★★★★★★★★★★★★★

Class/Level	Day	Time	Studio	Price	Class/Level	Day	Time	Studio	Price
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

MONTHLY TUITION: \$ _____ **FAMILY TUITION: \$** _____

Date: _____ Reg. Fee \$ _____ Tuition \$ _____ Total Amt. Paid \$ _____ Check # _____ CCD: _____

PAYMENT INFORMATION

Tuition Payment Type: Cash/Check Monthly Credit Card on File Semester Year in Full
 Computer: _____ Roll Sheet: _____ Costume Sheet: _____