



# American Stars of Dance, Inc. REGISTRATION FORM 2016/2017

P.O. Box 518  
Antioch, IL 60002  
(Mailing address)

Phone: (847) 838-1234

Fax: (847) 838-0699

[www.americanstarsdance.com](http://www.americanstarsdance.com)

133 Cedar Ave  
Lake Villa, IL.  
(location of class)

### PARENT INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_

Parent or Guardian #2: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Name: \_\_\_\_\_

Emergency Phone No: \_\_\_\_\_

### STUDENT INFORMATION

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Health Restrictions: \_\_\_\_\_

### HOLD HARMLESS AGREEMENT AND TUITION PAYMENT AGREEMENT:

I hereby accept all risks and responsibilities for the use of the premise, area, and/or facility including the use of the equipment. I further agree to indemnify and save harmless the staff of American Stars of Dance, Inc. including any corporate officers of liability claims, demands, actions, and causes of action that may arise out of the use of thereof. I further give my permission to be photographed and/or video taped during all classes, rehearsals and performances.

**Tuition Policy: Tuition is due at the time of registration, checks made payable to  
*American Stars of Dance***

### **I HAVE READ AND UNDERSTAND THE TERMS OF THE ABOVE AGREEMENT**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **PLEASE CIRCLE REQUESTED SESSION**

Boogie Kidz 1 (18-36 months)

Boogie Kidz 2 (2 -3 yrs)

Tap & Ballet Combo (3 - 4 yrs)

Pre-Ballet/Tap (2 - 3 yrs)

Pre-Ballet/Tap (3 - 4 yrs)

“Senior” Ladies Tap

Yoga

Adaptive Dance

Musical Theater