



American Stars of Dance, Inc. PRIVATE LESSON RELEASE FORM

237 Depot Street P.O. Box 518
Antioch, IL 60002

133 Cedar Ave.
Lake Villa, IL 60046

Office (847) 838-1234 Fax (847) 838-0699 email: office@americanstarsofdance.com website: www.americanstarsofdance.com

PARENT INFORMATION

Parent/Guardian Name: _____

Cell Phone No.: _____

Parent or Guardian #2: _____

Cell Phone No.: _____

Address: _____

Home Phone: _____

City/St/Zip: _____

Email: _____

Please check if you prefer newsletter to be emailed

Emergency Name: _____

Emergency Phone No.: _____

STUDENT INFORMATION

Name: _____

Sex: _____

Birthday: _____

Age: _____

Dr. Name: _____

Health Restrictions: _____

Previous Studio: _____

Current student of American Stars of Dance, Inc.? _____

HOLD HARMLESS AGREEMENT AND TUITION PAYMENT AGREEMENT:

I hereby give my permission for my daughter/son (Name) _____ to participate in the program(s) at American Stars of Dance, Inc. I hereby accept all risks and responsibilities for the use of premise, area, and/or facility including the use of 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 for my daughter/son to be photographed and/or video taped during all classes, rehearsals and performances.

Tuition Policy: All tuition must be paid for at the time of the lesson or before.

I HAVE READ AND UNDERSTAND THE TERMS OF THE ABOVE AGREEMENT.

Parent/Guardian Signature: _____

Date: _____

Date Received: _____	Class Day: _____	Class Time: _____	Tuition: _____
----------------------	------------------	-------------------	----------------