

2011-12 American Dance Center Registration Form

Complete this form and mail with your schedule, your \$25.00 registration fee, and your 1st Semester tuition to: American Dance Center, 204 Cooper Drive, Wilton, N.Y. 12831

Please print legibly

Last name: _____ First name: _____ Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Student Email Address: _____ Cell Phone: _____

Date of Birth: _____ Dance Experience: _____

Current Studio: _____ Instructor: _____ Years: _____

Please check if you have/are studying:

Ballet ___ Jazz ___ Tap ___ Lyrical: ___ Modern ___ Voice ___ Drama ___ Pointe ___

Mother's name: _____ Email: _____

Phone #'s (H) _____ (W) _____ (C) _____

Father's name: _____ Email: _____

Phone #'s (H) _____ (W) _____ (C) _____

Emergency Contact if Parent is unable to be reached:

Name: _____ Relationship to student: _____

Phone #'s (H) _____ (W) _____ (C) _____

Parent/Guardian Liability/Hold Harmless Release Agreement:

On behalf of the above named student, I/we assume the risk associated with the training and care being provided during the course of this program and hereby release and hold harmless the American Dance Center, its faculty, staff, and volunteers from any liability for injuries sustained or loss of property during attendance of classes.

Parent/Guardian Signature: _____ Date: _____