

ALTON ACADEMY OF DANCE

REGISTRATION FORM

\$40 registration fee (\$25 for second student in family)

Please mail to: 1922 Captains Drive, Worden, IL 62097

Student's name _____

age _____ date of birth _____ e-mail _____

Address _____

City _____ State _____ Zip _____

Parent's names _____

Home Phone _____ Cell Phone _____

In Case of Emergency, please notify (if parent's cannot be reached) _____

Name _____ Emergency number _____

If any medical problems, please list _____

We are registering for classes in:

ballet _____ tap _____ jazz _____ modern _____

hip hop _____

Our class day and time is: _____

Please tell us how you found out about our studio:

friend _____ newspaper _____ parade _____ postcard _____ website _____

RELEASE FORM

I understand that Alton Academy of Dance and/or any employees thereof are not responsible for loss of valuables.

Signed _____ Date _____

ASSUMPTION OF RISK AGREEMENT AND RELEASE

The undersigned, as parent of _____
assumes all responsibility for and risk of damage or injury that may occur to
_____ as a student at Alton Academy of
Dance, while attending classes, participating in exercises, or using dance equipment
or facilities or following dance course instruction in or out of a studio
location. In consideration of having my child being accepted as a student at
AAD, the undersigned hereby releases and discharges AAD and all
associated studios, its and their owners, employees and agents from all claims,
demands, rights of cause of action, present or future, whether incident to, the
undersigned's child's use (or intended use) of AAD studio or location, or
facilities and equipment in such place or as result or incident to, engaging in
dance course exercises or otherwise following dance course instruction anywhere.

I have read and understand and signed the foregoing Assumption of Risk
Agreement and Release this _____ day of _____ 20_____.

Parent's Signature _____