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Registration Form

Student Name: _____ Sibling Dancer: _____

D.O.B. _____ Age: _____ Grade: _____

Mother's Full Name: _____ Father's Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____ Emerg. #: _____

List any medical conditions that would prevent full participation in class:

How did you hear about ATDA? _____

Students will be placed in classes according to age and ability. ATDA reserves the right to change the schedule based on registration. 2-4 year old students must select a second class option. Final class schedules will be determined after registration is completed and notification will be given if the first choice is not available.

Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____

* Receive 10% off annual tuition total (excl. Company Dance) if year is paid in full at time of registration.

Monthly Pmt(annual tuition in 10 pmts.) _____ \$10 Reg. Fee: _____

All That Dance Academy and instructors are not liable or financially responsible for personal injuries, lost/stolen items or damage to personal property. Please inform the instructor of any physical limitations which may prevent full participation.

Please check one:

Yes No ATDA has permission to use any photos or videos for advertisement/publicity purposes.

I, the parent/guardian have read the ATDA guidelines and agree to the terms set before me.

Signature of Parent/ Guardian: _____ Date: _____