

After you fill out this form please print it out and mail it in with payment...

Reg Check #: _____



All That Dance

1055 Nimco Unit 1
Crystal Lake, IL 60014

Registration Form

815/356-8035

Student's Name _____ Birthday _____ Age _____
Last First

Parent's Name _____ Email _____
Last First

Address _____ City _____ Zip _____
Home Phone () Work Phone () Cell Phone ()

Class	Day	Time	Class	Day	Time
Rhythm Rockers			Mini Jazz		
Dancing Darlings			Jazz		
Tap			Hip Hop		
Pre-Ballet			Pointe		
Ballet			Lyrical		
Other					

Previous Dance Training

School: _____ Years: _____ Style: _____

How did you hear about us? _____

Medical Information: Please describe any information regarding a medical disorder or special problem that you feel would be helpful to the teacher in a classroom situation.

I hereby authorize and approve the attendance and participation of the above applicant at All That Dance, Inc. I recognize and acknowledge that there are certain risks of physical injury from participation in this program and I agree to assume, on behalf of the applicant, full risk of any injuries, damages, or losses, which the applicant may sustain as a result of such participation. I hereby agree to waive and relinquish all claims for injuries, damages, or loss that the applicant or I may have, as a result of participation in the program, against All That Dance, Inc., its directors, officers, employees and/or agents. I further agree to indemnify and hold harmless and defend All That Dance, Inc., its directors, officers, employees and/or agents, from any and all claims made by or on behalf of the applicant or me, arising out of, connected with, or in any way associated with the activities of the program.

I verify that the above applicant has no medical or physical condition for which participation in dance classes would be against his/her doctor's recommendation.

Additionally, I hereby give consent to the use of my child's likeness in any All That Dance related promotional or advertising material.

I have carefully read this document and I fully understand the contents of it. I am in complete agreement with all of the provisions of this document.

Parent/Legal Guardian: _____ Date: _____