



REGISTRATION

JUNE 2011-MAY 2012

Office Only:	Acct # _____
Date Received:	_____
Payment Amount:	_____
Cash ___ Check # _____ CC ___	
Reg: _____ Mo Tuition:	_____

Mother & Father's Name *(Responsible for Account)*: _____

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

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-Mail: _____

Emergency Contact: _____ Phone #: _____

Student #1 Name: _____ **DOB:** _____ **Age:** _____ **Grade:** _____

School: _____ Years at ADA: _____

Indicate any medical conditions, chronic ailments, allergies, or personal issues we should be made aware of:

Student #2 Name: _____ **DOB:** _____ **Age:** _____ **Grade:** _____

School: _____ Years at ADA: _____

Indicate any medical conditions, chronic ailments, allergies, or personal issues we should be made aware of:

STUDENT	CLASS	DAY	TIME

Waiver and Release of Liability & Consent for Medical Treatment

I, the undersigned parent or legal guardian of the above student(s), gives permission for the student(s) to participate in dance classes, performances and/or competitions with Starlite Productions, LLC dba Anderson Dance Academy (ADA). I recognize the possibility of physical injury to the student(s) associated with taking part in this activity. Upon signing this waiver, I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against ADA and its owners, employees and /or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the student(s) while participating at or for ADA. Furthermore, in the event ADA is unable to contact the authorized person(s) on this form, I the parent or legal guardian, hereby give my consent for emergency medical care. Transportation to the hospital will be at the discretion of the Emergency Technicians on site.

Parent's Signature: _____ **Date:** _____

Printed Name: _____

- I understand I am responsible for timely payment of my child's classes and realize he/she will lose their reserved place in class if our account does not remain current.
- I hereby give ADA the right and permission to copyright, use, reuse, publish and/or republish photographic pictures or portraits taken by ADA for use in advertising ADA in newspaper ads, flyers, posters, website, etc.
- I have read and understand the Anderson Dance Academy brochure and studio policies and will follow them as a member of the studio.

Parent's Signature: _____

Date: _____

Please share with us how you came to ADA:	
Referral by: _____	Drive-by
Cincinnati Family Magazine	Yellow Pages
Website	Other