



All About Dance & Apparel, LLC
 132 E. National Road
 Vandalia, Ohio 45377
 (937) 732-6231 or 7DA-NCE1

2012/2012 SEASON
 Grade _____ Age _____
 School _____
 \$30 Registration Fee Due with form

STUDENT'S NAME: _____ DATE OF BIRTH: _____

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

Parent's Name: _____ Cell Phone: _____

Address: (if different) _____ City: _____ State: _____ Zip: _____

Home Phone _____ EMAIL: _____

Emergency Contact: _____ Phone: _____

Class Choices:

- 1. _____ 2. _____ 3. _____
- 4. _____ 5. _____ 6. _____

Dance Experience (Type/Years):

- 1. _____ 2. _____ 3. _____
- 4. _____ 5. _____ 6. _____

Any medical conditions we should be aware of: _____

I, the parent or guardian of the above named individual, acknowledges that participation in energetic youth activities and/or events necessarily involves risk of physical injury. All forms of dance and exercise performed at All About Dance & Apparel, LLC (AAD&A) is subject to injury and I discharge same and hold AAD&A harmless as well as their staff and owner, Vanessa E. Spicer, from all and any claims which may arise from direct or indirect result of this service. Staff includes any and all individuals performing instruction in above mentioned studio.

AAD&A does not have medical personnel on staff. In the unlikely event of serious injury, I prefer that AAD&A staff **first** contact: ___ Myself OR ___ Call Ambulance (initial choice) I will be responsible for all charges

Hospital Preference: _____

All About Dance & Apparel, LLC has my permission to use above named student pictures or videos in any media/pictures for advertising purposes. _____ Yes _____ No (initial choice)

We value commitment and offer discounted rates to those who plan to take a class for the entire season. While it is still possible to make monthly payments on the full year's tuition, the lower/yearly rate holds your place in that class. If you choose the yearly rate, you are responsible for paying the entire season. If you would rather just pay the monthly fee (higher rate) you/your student may lose their position in the class if another wishes to enroll in the same class for the full year and the class is full.

I/my student will be enrolling for the whole year _____ I/my student choose the monthly rate _____

***Please sign for self if 18 years or older – Parent or guardian must sign for student under ages of 18.

PARENT/GUARDIAN NAME _____ RELATIONSHIP _____

SIGNATURE _____ DATE _____