

All Stars Talent, Inc. School of Dance, Music & More
1465 Jefferson Road, Suite #4 Rochester, NY 14623
(585)292-1510 www.AllStarsTalent.com

&

Perinton Dance Company
1000 Turk Hill Road (Canal Works Suite #180) Fairport, NY 14450
(585)223-1978 www.PerintonDanceCompany.com

2011-2012 Registration Form

Today's Date:

Student's full name:

Student's birth date:

Age (as of today):

Student's Full Mailing Address:

#, Street, Apt #

City, State, Zip Code

Parent(s)/Legal Guardian(s) name(s) if under age 18:

Email Address(es):

(We send VERY important info via Email. Please check frequently.)

Telephone Number(s):

Parent/Student cellular phone and/or work number(s):

Other emergency contact, relationship, & telephone number:

Medical insurance carrier (company name):

Policy number:

Any regularly taken medications, medical conditions, or allergies:

Previous related dance/music/theatre experience:

Where did you learn about *All Stars Talent, Inc.* and/or *Perinton Dance Company*?

Release of Liability:

I, as participant or the parent/legal guardian of a participating student, authorize enrollment in class(es) and/or programs at *All Stars Talent, Inc.* and/or *Perinton Dance Company* and release *All Stars Talent, Inc.* (DBA - *Perinton Dance Company*) and employees of all liability due to personal injury or property loss.

Photo/Video Preferences:

_____ I give AST/PDC permission to use video and/or photos of me/my child for the purpose of studio promotion.

_____ I DO NOT give AST/PDC permission to use video and/or photos of me/my child for the purpose of studio promotion.

Financial Responsibility:

I (print name) _____, assume full financial responsibility for all tuition at *All Stars Talent, Inc.* / *Perinton Dance Company* that (student name) _____ is registered for & other related fees. I understand that there will be late fees added to the account for payments made after the posted due dates and that there will be a \$30 fee added to all returned checks. I am aware of my responsibility for all information included in the *AST/PDC "Studio Information and Policies"* and information included in studio newsletters.

Signature: _____ Date: _____

Print Name: _____

Full Billing Address: _____

Parent/ Legal Guardian's or Adult Student's Signature: _____

Date: _____

(OVER)

• **Classes (Group) September 10, 2011 – June 2012**

(See schedule for offerings)

Class Name _____ Day/Time _____ AST or PDC location
 Class Name _____ Day/Time _____ AST or PDC location
 Class Name _____ Day/Time _____ AST or PDC location
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 Class Name _____ Day/Time _____ AST or PDC location
 Class Name _____ Day/Time _____ AST or PDC location

Total Number of Group Hours per week _____

Total for season \$ _____ (\$ _____ per tuition payment x 10)

*There is a discount for students registered in multiple classes (see tuition rates)

10% Sibling/Parent Discount - \$ _____ = \$ _____ if applicable

• **Duets & Trios (2-3 students per class) September 10, 2011 – June 2012**

- Duet/Trio Partner's Name(s) _____
 Instructor's Name _____
 Day/Time _____ AST or PDC location
- Duet/Trio Partner's Name(s) _____
 Instructor's Name _____
 Day/Time _____ AST or PDC location

Duets/Trios, Total for season \$ _____ (\$ _____ per tuition payment x 10)

• **Solos (1 students per class) September 10, 2011 – June 2012**

- Instructor's Name _____
 Style/Subject _____
 Day/Time _____ AST or PDC location
- Instructor's Name _____
 Style/Subject _____
 Day/Time _____ AST or PDC location
- Instructor's Name _____
 Style/Subject _____
 Day/Time _____ AST or PDC location
- Instructor's Name _____
 Style/Subject _____
 Day/Time _____ AST or PDC location

Solos, Total for season \$ _____ (\$ _____ per tuition payment x 10)

NOTES:

Thank you for choosing *All Stars Talent, Inc.* and/or *Perinton Dance Company!*