



828 Hoosick Rd Troy, NY 12180•Phone: 518.279.1510  
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## 2009-2010 FALL REGISTRATION FORM

Dancer's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any previous dance experience: \_\_\_\_\_

List any Medical/Allergies we should know about \_\_\_\_\_

Doctor/ Hospital \_\_\_\_\_

Are you interested in joining Stardom's Performance & Competition Team?  Yes  No  Maybe

Please select the class or classes you wish to register for and complete the box below:

Class Day	Time	Type	Instructor's Name

Please complete this form and remit with 1 month's tuition (**cash or check only**) to:

**Stardom School of Dance**

**828 Hoosick Rd**

**Troy, NY 12180**

**Waiver of Liability:**

*I understand there is a risk of injury in dance, exercise, and acrobatics. I agree to save and hold harmless Stardom School of Dance, its teachers, and agents. They will not be held responsible for injury to persons or properties while participating in dance classes or activities. I also understand the importance of my or my child's attendance in class.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_