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2010-2011 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 _____

How did you hear about Stardom School of Dance? (Please Circle) Friend/Family Website Phonebook Advertiser Times Union Troy Record Other: _____

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. I also agree to allow still photos /or videos of my child participating in dance class(es) and performances to be posted to the studio website and used for promotional purposes.

Parent/Guardian Signature: _____ **Date:** _____

Please check here if you do not wish to allow photos & videos of your child to be used for the above mentioned purposes.