

All Stars Talent, Inc.
School of Dance, Music, & More
Registration Form

Today's Date:

Student's full name:

Student's birth date: Age (as of today):

Student's Full Mailing Address:

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

Email address:

Home telephone number:

Parent's/Adult Student's work telephone number:

Emergency telephone number:

Other emergency contact, relationship, & telephone number:

Medical insurance carrier (company name):

Policy number:

Any regularly taken medications, medical conditions, or allergies:

Primary care physician's name & telephone number:

Dance, Music, Theatrical experience:

Where did you learn about *All Stars Talent, Inc. School of Dance & Music*?

Release of Liability:

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

Signature: _____ Date: _____

Financial Responsibility:

I (print name) _____, assume full financial responsibility for all tuition at *All Stars Talent, Inc.* that (student name) _____ is registered for. 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 \$25 fee added to all returned checks. I am aware of my responsibility for all information included in the *All Stars Talent, Inc. Studio Regulations and Policies* and information included in AST newsletters.

Signature: _____ Date: _____

Print Name: _____

Full Billing Address: _____