

Altoona Dance Theatre

Registration Form

Artistic Director: Renee Staines
865 40th Street, Altoona, Pa 16601
Phone (814) 940-1250

Name: _____ Home Phone: _____ Date: _____
(Dancer's Last) (Dancer's First)

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

Students Cell Phone: _____ Student Email: _____

Mother's Name: _____ Work Phone/Cell: _____
(Last) (First)

Place of Employment: _____ Occupation: _____

Father's Name: _____ Work Phone/Cell: _____
(Last) (First)

Place of Employment: _____ Occupation: _____

Students Birth Date: ___/___/___ Age: _____ Emergency Phone Numbers☺ _____

Former & Current Ballet/Dance School: _____

Number of Years Attended: _____ Hours Per Week Dancing: _____ Teachers: _____

(I fully understand that tuition is due before the 10th of each month, regardless of the number of classes attended, and tuition paid after the 10th accrues a \$10 late fee.)

Parent Signature: _____

\$20.00 Registration Fee per Family

To assure your child's placement as classes are limited and do fill up.

Checks Payable to Altoona Dance Theatre. Please place cash in an envelope with dancers name on front.

PLEASE CIRCLE CLASSES IN WHICH YOU ARE REGISTERING:

BALLET * TAP * POINTE * JAZZ * HIP-HOP * MUSICAL THEATER
MODERN * LYRICAL/CONTEMPORARY * MOMMY & ME * PRIVATE DANCE * Zumba

Students in Pointe, Lyrical and Modern or the ADTC (Altoona Dance Theatre Company/Apprentices) MUST be enrolled in a Ballet class, and Students in Hip-Hop MUST be enrolled in a Jazz. This is to ensure fundamental technique.

Altoona Dance Theatre Release Form

Dear Parent: Please read the following carefully. "I am aware that ballet/dancing and the gymnastic exercise associated with it place unusual stress on the body and carry with them the risk of physical injury. On behalf of my child and myself, I assume and agree to the risk and fully release and forever discharge the Altoona Dance Theatre, ADTC, the guest/master teachers, substitute teachers, and the Artistic Director/Owners; shall not be liable in any way for any injuries, loss of property, costs, damages to personal property, all claims, or death; during attendance at the school or any of its related functions /activities" My child has permission to be treated for emergency medical care.

Parent Signature: _____

Witnessed By: _____

Medical Insurance: _____

Agreement No.: _____

Family Physician & Phone Number: _____

Allergies/Conditions: _____

Altoona Dance Theatre Media Release Form

I give my permission for photographs or television footage that include my child to be used for promotional purposes of television, newspapers, magazines, internet/ADTC website, or any other media in relation to the Altoona Dance Theatre.

Signature of Parent: _____ **Date:** _____