

# All 4 Dance Performing Arts Studio - Caldwell

## Winter Session

155 Roseland Avenue, Suite 7 - Caldwell, NJ 07006 973-226-0300

www.all4dancestudio.com

### WINTER SESSION REGISTRATION GIRLS & BOYS - 3 through ADULT

- \* BALLET \* JAZZ \* TAP \* POINTE \* PILATES \*
- \* LYRICAL (Co Requisite = Jazz or Ballet class, min. age - 12) \*
- \* HIP HOP (Co Requisite = Jazz class, min. age - 10) \*

Student's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Subjects enrolled for \_\_\_\_\_

Previous Training \_\_\_\_\_ Impossible class days \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_ Mother's Bus. Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_ Father's Bus. Phone \_\_\_\_\_

Adult Student's Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Additional Emergency Contact (Name & Phone) \_\_\_\_\_

Any physical / emotional limitations or allergies \_\_\_\_\_

Name of Relative at studio \_\_\_\_\_ Relationship \_\_\_\_\_

*How did you hear about us?* Word of Mouth Flyer Yellow Pages Coupon Friend: \_\_\_\_\_  
(Please Circle)

Newspaper Ad Walk By Internet Search Other: \_\_\_\_\_

### Photo Release

I hereby grant permission to All 4 Dance Performing Arts Studio, LLC and All 4 Dance Caldwell, LLC to use photos, images and/or video of the student(s) listed below for advertising and publicity purposes including brochures, web sites, newspaper/print ads, and other promotional materials. Permission is also hereby granted for the school to copyright such materials in its name. **Personal information, such as name, address, age, etc. will not be released.** I understand that no monetary compensation will be provided for the use of these photos/images/videos.

Please check one:

\_\_\_\_ Yes, I give permission.

\_\_\_\_ No, I do not give permission.

*I understand that All 4 Dance Performing Arts Studio, LLC & All 4 Dance Caldwell, LLC and its staff are not responsible for any injuries or for the loss of personal property.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(or student, if over 21)

**\* SEE REVERSE FOR PAYMENT INFORMATION \***

