

ASOD

2024-2025 REGISTRATION

Please make sure to circle all classes of interest located on the back!!

Student Name: _____ Age: _____

Birthday: ____/____/____ Grade(Aug 2024): _____ School: _____

Primary Contact Name: _____

Address: _____

City: _____ Zip Code: _____

Primary Contact Phone Number: (_____) _____

Phone #'s for BAND (free communication app) _____

ANY Medical Issues: _____

Who, if a parent isn't available should be notified in an emergency?

Name: _____ Phone: _____

Recital T-Shirt Size (For the student, please double check before circling)

YXS YS YM YL YXL AS AM AL AXL

By signing this application & paying the \$30 Registration Fee, you acknowledge that you are fully aware of the financial obligations both monthly and at recital time, as well as, the necessity for your dancer to attend class weekly, while properly dressed and with a good attitude. You also understand that while there is a rare risk of injury, you agree that the student is covered under an adequate insurance policy and will not hold Armstrong School Of Dance, Inc. officers, staff, owners and faculty liable for any injury or medical bills. We love what we do and do our very best to do so in an active, educational, hands-on way that helps students not just on the dance floor but in the handling of everyday situations with grace and composure. Spots are reserved on a first come, first serve basis, and are confirmed with a BAND invite in June 2024.

Parent

Student (6th-12th Graders)

-DON'T FORGET TO COMPLETE THE OTHER SIDE & INCLUDE YOUR \$30 FEE-