

DATE: _____

ALICIA'S ALL-STARS REGISTRATION FORM

Office Use Only:

Trial Class _____

Trial Class Date: _____

Notes: _____

E-MAIL #1: _____ **E-MAIL #2:** _____

1ST CHILD: First Name: _____ MI: _____ Last Name: _____

Birth Date: ___/___/___ Age: ___ Female / Male School/Daycare: _____ Grade: _____

Class: _____ **Day:** _____ **Time:** _____

Experience: _____ Interested in TEAM information: YES NO

2ND CHILD: First Name: _____ MI: _____ Last Name: _____

Birth Date: ___/___/___ Age: ___ Female / Male School/Daycare: _____ Grade: _____

Class: _____ **Day:** _____ **Time:** _____

Experience: _____ Interested in TEAM information: YES NO

3RD CHILD: First Name: _____ MI: _____ Last Name: _____

Birth Date: ___/___/___ Age: ___ Female / Male School/Daycare: _____ Grade: _____

Class: _____ **Day:** _____ **Time:** _____

Experience: _____ Interested in TEAM information: YES NO

MOTHER: First Name: _____ MI: _____ Last Name: _____

Employer: _____ Mom's Cell Phone: _____ Work Phone: _____

Any skills/services worth mentioning: _____

FATHER: First Name: _____ MI: _____ Last Name: _____

Employer: _____ Dad's Cell Phone: _____ Work Phone: _____

Any skills/services worth mentioning: _____

Home/Billing Address: _____

City: _____ State: _____ Zip: _____ Home Phone #: _____

EMERGENCY NAME: _____ Emergency Phone #: _____

HOW DID YOU HEAR ABOUT US? Please circle all that apply:

Building/Sign Flier Website Phone Book Friend: _____

HEALTH INSURANCE INFORMATION:

Company Name: _____ Phone #: _____

Policy #: _____ Group #: _____

Any intolerance to drugs and medication: _____

Any previous illness, condition, or injury the gym's staff should be aware of: _____

BE SURE TO SIGN THE BACK OF THIS SHEET!

RELEASE OF LIABILITY, MEDICAL RELEASE, & APPEARANCE AGREEMENT

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as parent or legal guardian of _____, a minor (hereinafter "Minor"), to be conducted by Alicia Hatcher d/b/a Alicia's All-Stars. I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless Alicia's All-Stars on whose premises the activities will occur (hereinafter the "Location") the affiliates Alicia's All-Stars and the Location, and the respective directors, officers, representatives, members, agents and employees of Alicia's All-Stars, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fee and costs) arising out of or connected with the injury (minimal, serious, catastrophic and/or death) Minor may incur or sustain during the Activities and while traveling to and from the Location whether or not the assigns, executors and administrators against loss from any further claims, demands, or actions that may subsequently be foregoing Activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand.

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Activities occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: X _____ Date: _____

Medical Release. I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participation in the Activities. In the event of such illness or injury, I authorize Alicia's All-Stars to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Activities and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

Appearance Agreement. I understand that Alicia's All-Stars from time to time produce promotional material relating to its programs. I understand as a participant and/or a spectator, that Minor may be included in videotapes or photographs taken during the Activities. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to Alicia's All-Stars, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor and to utilize such videotapes and photographs and Minor's name, face likeness, voice and appearance as part of the Activities, in advertising and promoting the Activities or advertising and promoting similar Activities. I further understand that neither Alicia's All-Stars nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

Signature of Parent or Legal Guardian: X _____ Date: _____

Monthly tuition for all classes is due before the 10th day of each month in the form of cash, check, or credit card. Unpaid students may lose their spot in the class.

SIGN-UP PAYMENT FORM

PARENT NAME: _____ **TODAY'S DATE:** _____

STUDENT NAME: _____

STUDENT NAME: _____

INFORMATION FOR FILE:

- 1) Is this student participating in Recital in Spring? in Fall?
- 2) Is this student participating in Gymnastics Meet in Spring? in Fall?

INFORMATION BELOW TO BE COMPLETED BY OFFICE STAFF:

PAYMENT PLAN (Circle one):

Automatic Draft Value Plan (ACH Debit).....Monthly Amount: _____

ACH plans require a voided check and completion of ACH form

ACH debits are drafted on the 2nd of each month

Registration fees cannot be drafted through ACH

Monthly Payment Plan.....Monthly Amount: _____

Payments made at studio by 10th of each month

\$10 late fee will be added to all payments made after 10th of each month

Pro-Rated Tuition* (if applicable):..... _____

(* _____ weeks for the month of _____)

Tuition (Full or Pro-Rated)..... _____

Registration Fee..... _____

Total Due at Time of Registration..... _____

PAYMENT INFORMATION FOR TODAY'S PAYMENT

CASH (Receipt # _____) CHECK # _____ VISA/MC (Authorization # _____)

Did you receive the following info: Recital? Gymnastics Meet? What to wear/when/info? Signed release?

Did you turn in: Voided check and ACH Form? Spring Registration fee? Any tuition due?

SPRING SEMESTER NEW STUDENT INFORMATION

Spring Semester
Fairytale Session

Monday, January 6, 2014 – Sunday, June 1, 2014
Tuesday, February 11, 2014 – Friday, March 21, 2014

STUDIO WILL BE CLOSED:

Memorial Day

Monday, May 26, 2014

Dress Rehearsal/Recital

Thursday, May 29, 2014 – Sunday, June 1, 2014

IMPORTANT DATES (Most are optional):

Date/Deadline

Spring Ballet Production Costume Order/ Spring Recital Costume Order

*TWO WEEKS FOR RECITAL SIGN UPS

Monday, January 13, 2014 –
Friday, January 24, 2014

Register for Summer Classes/Camps

All April

Spring Recital Costume Order Deadline

Friday, January 24, 2014

Spring Dress Rehearsal - Tivoli

Thursday, May 29, 2014

Spring Recital – Tivoli

Sunday, June 1, 2014

PAYMENT INFORMATION:

- The first payment and registration fee is due at the time of initial registration.
- The remaining payments are due on or before the 10th of each month for Option 2 plans. Automatic Bank Draft plans will be debited on the 2nd of each month. There is a \$10 late fee for payments made after the 10th and a \$20 NSF charge on all returned checks.

WHAT TO WEAR?

Tiny Tiaras: Ballet, Tap & Jazz (approximately 3-4 yrs. old); P-1 & Fairytale Ballet

- Pink Leotard, Pink Tights, Pink Leather Ballet Shoes, Black Tap Shoes, Hair=Bun

Pink Princesses: Ballet, Tap, Jazz (4-5 yrs. old) & **Prima Ballerinas:** Ballet, Tap, Jazz (5-7 yrs. old)

- Black Leotard, Pink Tights, Pink Leather Ballet Shoes, Black Tap Shoes, Hair=Bun

Ballet, Tap & Tumbling: They need the same as above except with FOOTLESS tights and socks.

Ballet: (1st-12th grade)

- Any Color Leotard, Any Color Tights, Pink Leather Ballet Shoes, Hair=Bun

Lyrical-Ballet:

- Uniform: Any Color Leotard, Any Color Tights, Tan Foot Undeese, Hair=Bun
- Skirts, Jazz Pants, Dance tops are also allowed in these classes

Jazz:

- Any Color Dance (fitted) Top, Black Dance Pants (shorts, skort, or capris), Tan Slip On Jazz Booties (any brand), Hair=Up & Out of Face; No t-shirts, only dance clothes allowed

Hip Hop & Hip Hop/Pom:

- Any Color Dance (fitted) Top, Black Dance Pants (shorts, skort, or capris), Black Knee Pads, Black Hip Hop Sneakers (any brand), Hair=Up & Out of Face

Gymnastics/Tumbling:

- Any Color Dance Leotard or Gymnastics Unitard, Feet must be clean to get on mats, Hair=Low Ponytail and out of face

Cheer/Tumbling:

- Any color dance top/tank, any color cheer shorts, solid white tennis shoes (not worn outside); Hair=Up in Ponytail and out of face

Break Dancing-Boys Only:

- Uniform: Comfortable clothes, clean tennis shoes that are never worn outside, & black dance knee pads

We recommend Dance Stuff for all your dance needs!

Class: _____ **Day:** _____ **Time:** _____