



**Front Street Dance Center**  
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 WHEATON, IL 60187 INFO@FRONTSTREETDANCE.COM  
[WWW.FRONTSTREETDANCE.COM](http://WWW.FRONTSTREETDANCE.COM)



Illinois  
**ARTS**  
 Council  
AN AGENCY OF  
 THE STATE OF ILLINOIS

This program is  
 partially supported by  
 a grant from the  
 Illinois Arts Council

**Registration Form & Waiver – Please fill out a separate form for each child**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Emergency#: \_\_\_\_\_

Class #1: \_\_\_\_\_ Class #5: \_\_\_\_\_

Class #2: \_\_\_\_\_ Class #6: \_\_\_\_\_

Class #3: \_\_\_\_\_ Class #7: \_\_\_\_\_

Class #4: \_\_\_\_\_ Tuition: \_\_\_\_\_ By Session \_\_\_\_ By Month \_\_\_\_

Session: Summer \_\_\_\_ Session 1 \_\_\_\_ Session 2 \_\_\_\_ Session 3 \_\_\_\_ Session 4 \_\_\_\_ Session 5 \_\_\_\_ Session 6 \_\_\_\_ Session 7 \_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Credit Card (please print): \_\_\_\_\_ Visa \_\_\_\_ Mastercard \_\_\_\_ Discover \_\_\_\_ AmEx \_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**Waiver & Release of All Claims**

Please read the following carefully and be aware in registering yourself or your minor child/ward for participation in Front Street Dance Center class(es) you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of Front Street Dance Center program(s).

1. I recognize and acknowledge that there are certain risks of physical injury to participants in Front Street Dance Center program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).
2. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program(s) against Front Street Dance Center and its officers, agents, servants and employees.
3. I do hereby fully release and discharge Front Street Dance Center and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss of which I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).
4. I further agree to indemnify and defend Front Street Dance Center and its officers, agents and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities or the program(s).
5. In the event of any emergency, I authorize Front Street Dance Center officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I, THE UNDERSIGNED, HAVE FULLY READ AND UNDERSTAND THE ABOVE WAIVER AND RELEASE OF ALL CLAIMS.

Signature of Parent of Guardian

Date

Photographs and videos are taken to use for promotional purposes. By registering for a class you have granted us permission to use your image for promotional purposes.