

ACADEMY OF DANCE REGISTRATION FORM 2008-2009

Students Full Name _____
(Write name the way you would like it to appear in the Recital Program and News Letters.)

Birth Date _____ Gender M F

Address _____ City _____ Zip _____

Home Phone () _____ Cell Phone () _____

Emergency Contact Name _____

Emergency Contact Phone Number () _____

Email (required for monthly information) _____
_____ check here if you would like the bi-monthly newsletter emailed to you

Mother's Name _____ Work # () _____

Father's Name _____ Work # () _____

How did you hear about us? _____

Recital Classes:

Class _____ Day _____ Time _____ Instructor _____

Class _____ Day _____ Time _____ Instructor _____

Class _____ Day _____ Time _____ Instructor _____

Date Registered _____ Registration Fee _____ Monthly Tuition Fee _____

Student/Parent Signature _____ Date _____

Office Signature _____ Date _____

PHOTO PERMISSION

I give Academy of Dance permission to have my child photographed by the studio or press to be used for public relations or advertising at any time.

Parent/Guardian Signature _____ Date _____

PARENT AGREEMENT

I am the parent or legal guardian of _____.
Payments will be made to the Academy of Dance via: Cash, Check, Money Order, Visa, Master Card or Discover. Receipt will be given for payments if requested. A \$6.00 late fee will be applied to my account if tuition is not paid by the 5th day of every month. The return check fee is \$27.00. I have read through all welcome packet information and agree with all terms and conditions. (Prices are good from August 2008 through June 2009.)

Parent/Guardian Signature _____ Date _____

Director's Signature _____ Date _____

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

Please list any allergies (including food, drugs, etc.), medical or emotional problems that you feel we should be aware of _____

In the event of an accident or injury, when parent, legal guardian or emergency contact is not available, I give my permission to Academy of Dance to seek medical attention.

Parent/Guardian Signature _____ Date _____

Family Doctors Name, Address & Phone _____

As legal guardian of _____, I hereby consent to the aforementioned person participating on Academy of Dance programs. I understand that it is the express intent of Academy of Dance for the safety and protection of me and my child and, in consideration for allowing me or my child to use these facilities, I hereby forever release Academy of Dance, its officers and independent contractors, from all liability for any and all damages and injuries suffered by me or my child while under the instruction, supervision or control of Academy of Dance.

As legal guardian of the aforementioned person, I hereby agree to individually provide for all the possible future medical expenses which may be incurred by me or my child as a result of any injury sustained while training at or performing for Academy of Dance.

This acknowledgement or risk and waiver liability, having been thoroughly and understood completely, is signed voluntarily as to its content and intent.

bvg

Parent/Guardian Signature _____ Date _____