

Academy of Dance Registration Form

Students Name: _____.

(Please write the name the way you would like it to appear in the recital program)

Birth Date: _____ **Gender:** **F** **M**

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 Type: _____ Day: _____ Time: _____ Instructor: _____.

Class Type: _____ Day: _____ Time: _____ Instructor: _____.

Class Type: _____ Day: _____ Time: _____ Instructor: _____.

Class Type: _____ Day: _____ Time: _____ Instructor: _____.

Date Registered _____ **Registration Fee** _____ **Monthly Tuition** _____.

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 Academy of Dance via: Cash, Check, Money Order, Visa, Master Card, or Discover. Receipt will be given for payments if requested. A \$20.00 late fee will be applied to my account if tuition is not paid by the 15th 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 2016 through June 2017.)

Parent/Guardian Signature _____ Date _____.

Directors Signature _____ Date _____.

Acknowledgment of RISK and WAIVER of LIABILITY

Please list all 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 or 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 and Phone# _____.

_____.

As legal guardian of _____, I hereby consent aforementioned person participating on Academy of Dance programs. I understand that it is 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 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 at Academy of Dance.

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

Parent/Guardian Signature _____ Date _____.