



Heart of the Valley Dance Academy

Registration Form



STUDENT INFORMATION:

Student Name _____ Date of Birth _____ Age _____

Address _____ City _____ Zip Code _____

Dance Experience _____

Please select your preferred payment plan: IN FULL 3 INSTALLMENTS MONTHLY

PARENT INFORMATION:

Parent/Guardian _____ Home # _____ Work # _____ Cell # _____

Parent/Guardian _____ Home # _____ Work # _____ Cell # _____

Main Email Address _____ Alternate Email Address _____

CLASS INFORMATION:

Class 1 _____ Code _____

Class 2 _____ Code _____

Class 3 _____ Code _____

Class 4 _____ Code _____

Class 5 _____ Code _____

COMPETITION CLASSES:

Dancers interested in our Competition Program must attend auditions that are held in May of each year. There is a separate registration for to submit for our Competition program.

MEDICAL INFORMATION, RISK NOTIFICATION, LIABILITY WAIVER & PHOTOGRAPHY POLICY

Emergency Contact _____ Home # _____ Work # _____ Cell # _____

Family Physician _____ Work # _____

To help our staff tailor our program to meet the needs of all our students, please inform us of any existing medical conditions your child has that may interfere with dance. We would like to give every child the opportunity to succeed!

- In the case of illness or medical emergency and the parents/guardian cannot be reached, the staff of Heart of the Valley Dance Academy LLC may authorize medical treatment for the above named student. I understand that because dance involves motion, there is a risk of injury. I and my heirs hereby release Heart of the Valley Dance Academy LLC, it's employees, instructors and owners from any liability for damages and or injury or medical expenses which might occur as a result of my child's participation. My child has no problems that might compromise his/her safe involvement. Heart of the Valley Dance Academy LLC will not be held responsible for any injuries sustained from traveling to or from its facilities or competitions or recitals.
- Heart of the Valley Dance Academy LLC may use photos of participants for promotional purposes. I understand that Heart of the Valley Dance Academy LLC's performances are videotaped and may be used for archival and/or promotional purposes. By registering for one of our programs, you have granted permission to use your child's photograph for promotional purposes unless written request is otherwise noted.
- I have read and agree to abide by Heart of the Valley Dance Academy LLC's policies regarding tuition and fees, late payments, attendance, costumes, and dance attire. By signing this form I will accept financial responsibility for all fees associated with my child's participation at HOTVDA. Full Parent Handbooks will be available in September 2022. I understand that Heart of the Valley Dance Academy LLC is not responsible for lost, stolen or unclaimed articles. Heart of the Valley Dance Academy LLC reserves the right to refuse services to anyone. Classes that do not reach minimum enrollment requirements may be cancelled.

Parent Signature _____ Date _____