



## Registration Form

Please Print!

Date: \_\_\_\_\_

Student's name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Previous dance experience:            No            Yes (If yes, please list type and studio name)

\_\_\_\_\_

\_\_\_\_\_

**Office use only:**

Class	Day	Time	Teacher	Tuition	Discount	Total
<b>Total tuition:</b>						

**\*\*TUITION SUBJECT TO CHANGE IF CLASSES ARE CHANGED, ADDED OR DELETED\*\***

	Payments:	Date:	Notes:
Registration Fee:	_____	_____	_____
1 <sup>st</sup> Month Tuition:	_____	_____	_____
Credit Card Authorization:	_____	_____	_____

Please complete reverse side

**Student's name:** (First) \_\_\_\_\_ (Last) \_\_\_\_\_

**Mother's name:** (First) \_\_\_\_\_ (Last) \_\_\_\_\_

**Driver's license no.:** \_\_\_\_\_ Cell: \_\_\_\_\_

**Father's name:** (First) \_\_\_\_\_ (Last) \_\_\_\_\_

**Driver's license no.:** \_\_\_\_\_ Cell: \_\_\_\_\_

**Other/Guardian:** (First) \_\_\_\_\_ (Last) \_\_\_\_\_

**Driver's license no.:** \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contact:** (First) \_\_\_\_\_ (Last) \_\_\_\_\_

**Relationship:** \_\_\_\_\_ Cell: \_\_\_\_\_

**Medical** Does student have medical or physical limitations? No Yes  
If yes, please explain: \_\_\_\_\_

Is the student on medication? No Yes

### **Injuries/Waiver of Liability/Authorization**

*I hereby acknowledge that I have received and signed American Dance Academy rules, regulations and policies as represented on the Parent Portal website and do hereby agree to comply with them and the information herein set forth is correct.*

*I understand that there is a risk of personal injury with dance classes and performances. I represent that the above named student is in good health and physically capable of participating in dance classes, performances and recitals. On behalf of myself (and the above named student if different from the undersigned), I hereby waive and release any claims against American Dance Academy, its owner, employees, landlord and contractors arising out of personal injury occurring in connection with classes, performances and recitals. I accept responsibility for obtaining appropriate accident, health and hospitalization insurance to cover the student in event of personal injury. In the event of an injury or other medical emergency, if I cannot be reached, I authorize you to seek any medical assistance reasonably required in your judgement and agree to be responsible for medical expenses incurred on behalf of the student. I hereby agree to take personal responsibility for any child that I bring into the American Dance Academy.*

**Signature of Parent/Guardian:**

**Date Signed:**

\_\_\_\_\_

\_\_\_\_\_