



The Performing Arts Center

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DANCE REGISTRATION FORM- ONE STUDENT PER FORM-

Pre-registration is now available at The Performing Arts Center for the 2023-2024 DANCE season. Class placement is on a FIRST-COME FIRST-SERVE basis ACCORDING TO SKILL LEVEL (NOT AGE OR YEARS OF EXPERIENCE)- so please turn in your forms as soon as possible!

The registration fee is \$25/student or \$50 for families of two or more. THE \$25 PERFORMANCE FEE IS ALSO DUE. BOTH OF THESE FEES ARE NON-REFUNDABLE AND MUST BE INCLUDED TO HOLD YOUR SPOT.

Make the check out to The P.A.C. and send to P.O. Box 30, Glandorf, OH 45848.
~Please fill out the following form (FRONT AND BACK) and return it with the check BEFORE JUNE 30th~ FORMS SUBMITTED ON TIME WILL BE GUARANTEED A SPOT.

OPEN HOUSE/CLASS INFO PICK-UP WILL BE IN JULY- CLASS PLACEMENT INFORMATION WILL NOT BE AVAILABLE BEFORE THEN.

Parent/Guardian First and Last Names: _____

Parent's Cell # _____

Student's Name: _____ Birthday: _____

2023-2024 Grade: _____ School: _____

Outside of School CCD? _____ # of COMPLETED Years in Dance as of 7/2023: _____

T-Shirt Size (Circle One): CXS CS CM CL AS AM AL AXL AXXL

Student's Cell Phone # _____ Parent Permission to Text Student? YES or NO

Health Concerns that are important for our instructors to know: _____

Please circle the type of dance or fine art that your child is interested in participating in:

MINI MOVERS (Pre-K Ballet)

BALLET/TAP COMBO (K-2)

BALLET (LEVEL 2+)

TAP (LEVEL 2+)

JAZZ (LEVEL 2+)

POINTE (By Recommendation only)

MODERN (SE & Co.)

Pre-Registration Fee: One student: \$25.00 _____ OR \$50.00 per family of two *or more* _____

Performance Fee: \$25 per Student _____ x \$25.00 = _____

Total Due with Registration and Performance Fee = _____

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Office Use Only: Paid Check #: \_\_\_\_\_ Cash Payment: \_\_\_\_\_ Date Received: \_\_\_\_\_

The Performing Arts Center of Putnam County LLC  
Rules and Expectations Signature Page for the 2023-2024 Season

Registration is incomplete without signature and must be completed before Open House.

1. I agree to abide by the rules of The Performing Arts Center of Putnam County LLC.
  
2. I agree to pay the \$25.00/student or \$50.00/family non-refundable registration fee and timely tuition. I also agree to pay the non-refundable \$25.00 performance fee per student. I understand tuition payments received after the 7th of each month will incur a daily late fee of \$5 and all returned checks will be charged a \$35.00 check fee. I also agree to pay 2 months of tuition per changed class (\$70/for each changed class) if student in Level 2 or higher drops out after August 5th. Please make all class change requests before that date to avoid the fee.
  
3. I understand and agree that in participating in any class, workshop, rehearsal or performance, there is a possibility of serious physical injury. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of The Performing Arts Center of Putnam County LLC classes, rehearsals, performances, or activities. I also exempt, release, and indemnify The Performing Arts Center of Putnam County LLC, Gerding-Heffner Holdings LLC, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or other students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by The Performing Arts Center of Putnam County LLC. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold The Performing Arts Center of Putnam County LLC, Gerding-Heffner Holdings LLC, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, or injury. I understand that I should be aware of my physical limitations and agree not to exceed them.

If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights. I have read, understood, and agree to be bound by the above statement:

PRINTED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

NAME OF STUDENT(S): \_\_\_\_\_

DATED: \_\_\_\_\_