



Annual Registration Fee: \$20.00

Name of Student: _____

Parent 1 Name: _____ **Cell:** _____

Parent 2 Name: _____ **Cell:** _____

Email 1: _____ **Email 2:** _____

Street Address: _____ **City, State, Zip:** _____

Date of Birth: ____/____/____ **Age:** _____ **Grade for Fall:** _____

School: _____

Emergency Contact: _____ **Telephone:** _____

Prior Dance Training: _____ **Years at CDA:** _____

Special/Medical Needs: _____

Classes Enrolled:	_____	Date/Time	_____
	_____	Date/Time	_____
	_____	Date/Time	_____
	_____	Date/Time	_____
	_____	Date/Time	_____

Celia's Dance Academy Policies and Release Agreements

Tuition Payment: Tuition is due on the 1st of the month and a \$10.00 late fee will be assessed after the 10th of the month.

Registration Fee: The annual registration fee is \$20.00. This form must be completed and signed.

Waiver and Release of All Claims: As additional consideration for the student's instructions, the undersigned student, parent(s) or guardian(s) of the student hereby releases and waives any and all claims against Celia's Dance Academy and any and all of its employees, contractors and volunteers for any liability including but limited to personal and bodily injuries and loss of or damage to property of the student or persons related to the student which may occur while participating in the activities sponsored by, or in the physical building of Celia's Dance Academy. The undersigned represents that the student is in good health and does not have any history of a medical or physical condition (unless specified above) that would place the student at risk because of his/her condition. The undersigned further acknowledges that the student's participation is voluntary and that the undersigned accepts all risks arising there from.

I have read the policies and release agreements in their entirety, understand them, and agree to comply with their contents. I understand and agree to comply with the Celia's Dance Academy policy.

Signature of Student
(If 18 years of age or older)

Signature of Parent
or Legal Guardian of Student

Date