

HOTVDA COMPETITION TEAM REGISTRATION FORM

STUDENT INFORMATION

Dancer Name: _____
Home Address: _____
City: _____ Zip: _____
Current Age: _____ DOB (DD/MM/YY): _____ Grade for 2025-2026 School Year: _____

PARENT/GAURDIAN INFORMATION

Name: _____
Home Phone: _____ Cell Phone: _____
Email: _____

**** please make sure to provide a current email address as this is our primary menas of communcation ****

CLASS INTEREST

	Solo	Duet	Trio	Group	Large Group (20+ Dancers)
Tap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jazz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lyrical / Contemporary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip Hop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Max # of routines dancer can participate in: _____

Duets & Trios:

Please list desired dance partners: _____

**** we cannot gauranetee dancers will be placed with desired dance partners, but we will take these requests into consideration ****

Soloists:

	Yes	No	
Interested in hiring an outside choreographer for routine?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Kim will assist with this but the process needs to start in June. Dancers are also responsible for any transportation and/or lodging expenses for choreographers who travel from out of town.</i>
Interested in ordering a custom costume for solo?	<input type="checkbox"/>	<input type="checkbox"/>	

Days/Times other than Sunday you can meet for solo/duo/trio: _____

MEDICAL INFORMATION, RISK NOTIFICATION, LIABILITY WAIVER & PHOTOGRAPHY POLICY

Emergency Contact: _____
Home Phone: _____ Cell Phone: _____
Family Physician: _____ Phone: _____

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'd 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, its 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.

☐ 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 otherwise noted.

☐ I have read the Competition Team Informational Packet and understand Heart of the Valley Dance Academy LLC's policies regarding tuition, entrance fees, attendance, costumes, etc. Full Parent Handbooks are available on our website. I understand 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.

Parent's Signature: _____