

Heart of the Valley Dance Academy

Registration Form



STUDENT INFORMATION: Student Name		Date of Birth	Age	
		City		
	/alley Dance Academy from a cu			
PARENT INFORMATION:				
Parent/Guardian	Home #	Work #	Cell #	
Parent/Guardian	Home #	Work #	Cell #	
Main Email Address		Alternate Email Address		
CLASS INFORMATION:		COMPETITION CLASSES:		
Class 1	Code	Dancers interested in our Competition Program must attend		
Class 2			uditions in May 2021 and turn in a competition registration form.	
 Class 3				
 Class 4				
 Class 5				
MEDICAL INFORMATION, RIS	K NOTIFICATION, LIABILITY V	VAIVER & PHOTOGRAPHY POLICY	<u>.</u>	
Emergency Contact	Home #	Work #	Cell #	
-amily Physician	Work #			
		tudents, please inform us of any existi every child the opportunity to succeed		
may authorize medical treatr my heirs hereby release Hear injury or medical expenses w	ment for the above named student. It of the Valley Dance Academy LLC, hich might occur as a result of my c we Valley Dance Academy LLC will no	rdian cannot be reached, the staff of Hea I understand that because dance involve , it's employees, instructors and owners f hild's participation. My child has no prob ot be held responsible for any injuries sus	s motion, there is a risk of injury. I and rom any liability for damages and or lems that might compromise his/her	
Academy LLC's performances	are videotaped and may be used for	cipants for promotional purposes. I under r archival and/or promotional purposes. By promotional purposes unless written rec	registering for one of our programs,	
costumes, and dance attire. B at HOTVDA. Full Parent Hand responsible for lost, stolen or t	y signing this form I will accept finand books will be available in September	emy LLC's policies regarding tuition and fercial responsibility for all fees associated with 2021. I understand that Heart of the Valle ey Dance Academy LLC reserves the rightnee cancelled.	th my child's participation ey Dance Academy LLC is not	
Parent Signature		Date _		