

The Dance Academy REGISTRATION FORM

Student's Name: (First) _____ (Last) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Birthday: _____ Age: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Emergency Contact _____ Email Address: _____

(if parent or guardian is not available):
Name: _____

Relationship to Student: _____ Phone: _____

Medical: Does your student have any medical or physical limitations? Y or N

If yes, please explain: _____

Is the student on any medications? Y or N _____

How did you hear about us? _____

Previous dance training? Y or N _____

Injuries/Wavier of Liabilities/ Authorization/Consent

I hereby acknowledge that I have received *The Dance Academy's (TDA)* policy book containing all the rules and regulations and do agree to comply with them and that the information here in 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, recitals, and performances. On behalf of myself (and the above named student if different than the undersigned), I hereby waive and release any claim against *The Dance Academy GC LLC, its owner, the staff, employees, landlord, and* contractors arising out of personal injury occurring in connection with classes, performances or recitals. I accept responsibility for obtaining the appropriate accident, health, and hospitalization insurance to cover the student in the 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 judgment and agree to be responsible for the medical expenses incurred on behalf of the student. I acknowledge and I consent to the taking of photographs during classes and TDA events, and further consent to the use of these photos in the TDA newsletter, in TDA advertisements as well as posting on social media in connection with TDA. I also acknowledge receipt of, and with my signature below, agree and consent to the TDA Auto Pay System.

Signature of parent, guardian or adult dancer

Date Signed

FOR OFFICE USE ONLY:

Class	Day/Time	Teacher	Tuition/Discounts/Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Paid: _____

Paid By: _____

Ticket #: _____

WP _____ AP _____ TY _____