

# Premiere Dance Academy, Inc.

## 2023-2024 Fall Registration Form

**Please fill out the front and back of this form completely.**

Student's Name First: \_\_\_\_\_ Last: \_\_\_\_\_

Mother's Name First: \_\_\_\_\_ Last: \_\_\_\_\_

Father's Name First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

E-mail address (to receive class updates): \_\_\_\_\_

Would you like to receive texts for class cancellations, etc.? Yes No

Phone # that you would like to receive texts on: \_\_\_\_\_

Health Problems? Yes No If yes, explain \_\_\_\_\_

Mother Employed by \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Father Employed by \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

	<u>NAME OF CLASS</u>	<u>DAY</u>	<u>TIME</u>	<u>TEACHER</u>
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____
4.)	_____	_____	_____	_____

How did you hear about our studio? \_\_\_\_\_

Previous Experience? Yes No Number of years? \_\_\_\_\_

Type of Dance? \_\_\_\_\_

Where? \_\_\_\_\_

### **Emergency Contact (Someone other than Mother and Father):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Registration Fee: Installment #1 (per student, per fall session). This is due at the time of registration.

This Installment is non-refundable.

Checks should be made payable to:

Premiere Dance Academy, Inc.

9230 Brocket Drive

Midlothian, Virginia 23112

If you have any questions, please e-mail us at [Premieredance1@yahoo.com](mailto:Premieredance1@yahoo.com)

# Premiere Dance Academy's 2023 – 2024 Enrollment Agreement

I am enrolling my child/myself at *Premiere Dance Academy, Inc.*, school of dance for the 2023-2024 dance season. I understand that a place will be reserved for my child/myself, and will therefore be liable for the total tuition due payable under the terms set forth. If my child chooses not to complete the full term, I am still liable, unless there are extenuating circumstances, which would preclude normal completion. I also understand that there is NO refund given for missed classes. Regardless of when holidays or recital fall during the year, I am still liable for the total tuition due. I am aware that installment 1 is due at registration and installments 2-8 are due on the first of each month (September, October, November, December, January, February and March). If my tuition installment is not paid by the fifth of each month, I agree to pay an additional handling charge of \$10.00. I understand that any checks returned by the bank will carry a returned check fee of \$25.00/check.

I, the undersigned, have read this Enrollment Agreement and understand all of its terms. I execute it voluntarily with full knowledge on this day.

\_\_\_\_\_  
Signature of Mother/Student over the age of 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

## Release of Claims and Treatment Authorization

Release/Authorization made on (Date) \_\_\_\_\_

by (Parents/Guardians) \_\_\_\_\_

of (Student's Name) \_\_\_\_\_

I am aware that dancing, and the gymnastic exercise associated with it, place unusual stresses on the body and carry with them the risk of physical injury. On behalf of my child and myself, I assume this risk and agree that *Premiere Dance Academy, Inc.* and its staff shall not be liable in any way for the injuries sustained during attendance at the dance studio or any of its functions. I grant my child or ward permission to participate in the 2023-2024 session. I release and discharge any claims, demands, actions, judgments, and executions which the students, heirs, executors, administrators or assigns may have, or may claim to have against *Premiere Dance Academy, Inc.*, its successors, its assigns for all personal injuries caused by, or from the above activities or any activities related. Further, I grant, *Premiere Dance Academy, Inc.* and its employees permission to authorize any emergency medical treatment that may be required during the 2023-2024 dance session.

\_\_\_\_\_  
Signature of Mother/Student over the age of 18

\_\_\_\_\_  
Insurance Carrier and Policy #

\_\_\_\_\_  
Signature of Father

## Photograph Release

I, \_\_\_\_\_, the parent/guardian (or student, if 18+) authorize the Premiere Dance Academy and/or its representative, agent, or employee to use any photograph/likeness of my child (or myself), \_\_\_\_\_, for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason deemed appropriate by the artistic staff or marketing director.

\_\_\_\_\_  
Signature of Mother/Student over the age of 18

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date