

Date Filled Out: _____

DANCE ARTS ACADEMY

Summer 2024 Registration Form

Student Name: _____

Age: _____ Date of Birth: _____ Grade: _____

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Any known allergies or restrictions for your dancer that the staff should be aware of?

Summer Dance Program (Please include program names and dates):

1. _____

2. _____

3. _____

4. _____

Total Tuition: _____

Registration Fee: _____

Total: _____

Liability Disclaimer & Release:

Dance Arts Academy, LLC and its instructors are not liable for personal injuries, loss or damage to personal property. Since dance is a physical activity, injuries may occur. It is the parent/guardian responsibility to inform teachers of any physical limitations of any child. DAA is not liable for any injury, illness including COVID that should occur while on the property or any DAA sponsored trip, class, workshop, etc. I give permission for my child to be used in pictures and/or videos for Dance Arts Academy, LLC for printed or online advertising, etc. Registration fees for summer programming are due at the time of registration - unless paying by class/program in which they are due BEFORE taking the class/program.

Parent Printed Name: _____

Signature: _____

OFFICE USE ONLY: Total PMT: _____ PMT Method: _____ Date of PMT: _____ Staff Initial: _____