

Date Filled Out: _____

DANCE ARTS ACADEMY

Summer 2022 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?

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

1. _____
2. _____
3. _____
4. _____
5. _____

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 print 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: _____