

Date Filled Out: \_\_\_\_\_

# DANCE ARTS ACADEMY

## Summer 2025 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: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

### OFFICE USE ONLY:

Total PMT: \_\_\_\_\_ PMT Method: \_\_\_\_\_ Date of PMT: \_\_\_\_\_ Staff Initial: \_\_\_\_\_