DANCE ARTS ACADEMY

2026-2027 Main Dance Program Registration Form

Student Name: _____

Current Age: _____ Date of Birth: _____ Grade: _____

Parent/Guardian Name: _____

Mailing/Billing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Any known allergies OR restrictions for your dancer?

_____

2026 to 2027 Main Dance Program *(Please include class days and times):*

1._____

2._____

3._____

4._____

Total Monthly Tuition: _____

Registration Fee *($15 per dancer/$25 family fee):* _____

Total: _____

ALL families will need to provide a credit card to keep on file for the year. IF you would like your tuition **to be automatically** charged each month starting in September 2025 to June 2026, please note that here. Please know that a **5% convenience fee** will be added to each card transaction.

Mastercard – VISA – Discover – AMEX *and* Card #: _____

Exp Date: _____ CCV Code: _____ Billing Zip: _____

Authorization Signature: _____

Hold Harmless - Liability Disclaimer & Media Release:

Dance Arts Academy, LLC and its staff, faculty, guest instructors, etc. 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 staff & teachers of any physical limitations of any child. DAA and it's staff & affiliates are NOT held liable for any injury or illness (including COVID) that might occur while on the physical property or on any DAA sponsored trip, class, workshop, competition, convention, etc. I give permission for my child to be used in **nameless** pictures and/or videos for Dance Arts Academy, LLC for printed or online advertising, etc. Should we need to return to ZOOM classes – I give my permission for my child to participate and potentially be in a recorded class. Registration fees for 2026 to 2027 are due at the time of registration – monthly tuition is due NO LATER than the 10th of the month – late fees will apply. Registration fees, monthly tuition, costume fees, etc. are NON-refundable. I have read and understand the information regarding fees, tuition, liability, photo & video use for media purposes, etc.

Parent Printed Name: _____

Signature: _____

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

PRIVATE & CONFIDENTIAL FORM – Mail to Dance Arts Academy, PO Box 2569, New London, NH 03257