

PREMIERE DANCE RECREATIONAL REGISTRATION FORM

| STUDENT NAME: | | Date of Birth: | |
|--|----------|--|------------------------------|
| ATTENTION!! MEDICAL ALLERGIES: | | Health Card No: (Optional) | |
| ADDRESS: | | | |
| City: | | Postal Code: | |
| TELEPHONE: | Home: | Business: | Cell: |
| EMAIL ADDRESS: | | | |
| (Please Print Name) | | | |
| PARENT/GUARDIAN: | | | |
| (Please Print Name) | | | |
| RECREATIONAL STUDENT FEES | | RECREATIONAL CLASSES | |
| Tuition: | \$ | DAY OF WEEK: | TIME & CLASS: |
| Costume Fee: (Due by October 1st) | \$100.00 | | |
| Administration Fee: (Due at time of registration) | \$35.00 | | |
| Total: | \$ | | |
| Payment Method: <input type="checkbox"/> 5 Payments | | Payment Method: <input type="checkbox"/> 10 Payments | |
| #1 Sep 1 | #4 Mar 1 | 5 EQUAL PAYMENTS OF \$ | Sep 1 to June 1 (monthly) |
| #2 Nov 1 | #5 May 1 | | 10 EQUAL PAYMENTS OF \$ |
| #3 Jan 1 | | | FULL YEAR @5% Disc |
| | | | \$ |

NO REFUND ON REGISTRATION FEE
NO REFUND ON TUITION – DANCE CREDIT ONLY!

ACKNOWLEDGEMENT OF RISK AND LIABILITY

I consent and understand that there may be some risks of injury associated with participating in the activities at PREMIERE DANCE INC., included, but not limited to dance and events. On behalf of myself, my child/children, our heirs, executors and administrators, I/We hereby release PREMIERE DANCE INC., its employees, officers, directors, agents, volunteers and representatives, in particular Carla Marques Delduco, from any and all liability and any and all claims, demands and causes of action of any kind whatsoever that I/We might have arising out of my child's participation in instructional lessons, and/or studio authorized competitions, and/or on the PREMIERE DANCE INC. premises inside the studio building and outside the studio building. I/We agree to assume all risks connected with any instructional lessons received by my child/children at the Studio or under the supervision of PREMIERE DANCE INC. In the event of accident or injury, when a parent, legal or emergency contact are not available, I give Premiere Dance Inc. Permission to procure medical attention.

WAIVER: MEDIA RELEASE AUTHORIZATION AGREEMENT

By signing the Photo and Video Release Waiver, you agree to the use of images of you and your child by PREMIERE DANCE INC. The images may appear on PREMIERE DANCE INC. website, social media images, in brochures or in other promotional materials. No identifying information about students or families will be included.

I give my consent for myself/son/daughter to be included in any promotional materials that may be used for PREMIERE DANCE INC.

PARENT/
GUARDIAN:

SIGNATURE:

Date:

PLEASE PRINT