

# The Academy of Dance Arts

## Registration Form



Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you dance with ADA before? YES or NO (circle one)

If so, how many consecutive years at ADA? \_\_\_\_\_

Please list any medical conditions that we should be aware of: \_\_\_\_\_

Enrollment for each class will be limited and handled on a "first-come" basis. To ensure enrollment in a class, full payment of first month tuition and the non-refundable registration fee must accompany this form. A minimum number of students is required to hold a class. No refunds will be given for classes unattended.

- I hereby authorize the Academy of Dance Arts to act for me if I am unable to be reached, according to their best judgement in any emergency requiring attention. I hereby waive and release the Academy of Dance Arts and its employees from any liability from injuries incurred by my child's involvement in the program and assume all responsibility for the actions of my child.
- I authorize the Academy of Dance Arts you use photos of my children in the advertising, social media, flyers, etc.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**\*\*\*BELOW FOR OFFICE US ONLY\*\*\***

Class	Day of Week	Time	Teacher
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			