Pennsylvania Academy of Dance
Registration Form & Waiver

Parent Name: _____

Student Name: _____Age: _____ D.O.B _____
Student Name: _____Age: _____ D.O.B _____
Student Name: _____Age: _____ D.O.B _____

Address:
Street: _____
City: _____
Zip Code: _____
Home Phone: _____
Cell: _____
Email: _____

Emergency Contact (other than above):
Name: _____
Relation: _____
Phone: _____

Does your child have any medical conditions, food allergies, or special needs?

_____

_____

Please list classes:
Class_____ Day_____ Time_____
Class_____ Day_____ Time_____
Class_____ Day_____ Time_____
Class_____ Day_____ Time_____
Class_____ Day_____ Time_____

Payment Agreement

(Please choose one if not paying in full)

I, _____, will be paying on a **MONTHLY basis** and agree to pay tuition by the **19th** of every month. I understand that any payments made after the **24th** of each month will result in a $20 late fee charge. If payment is not received by the **24th** of each month I am aware that my child will not be able to participate in class until payment is made. Tuition will be paid in full by **May 24th 2027**. I understand my child will not be able to participate in the Spring Recital until my remaining balance is paid.

I, _____, will be paying on a **TRIMESTER basis** and agree to pay tuition by the **17th** of August, January, and May. I understand that any payments made after the 24th of each month will result in a $20 late fee charge. If payment is not received by the **24th** of each month I am aware that my child will not be able to participate in class until payment is made. Tuition will be paid in full by **May 24th 2027**. I understand my child will not be able to participate in the Spring Recital until my remaining balance is paid.

*A non-refundable $50 registration fee per student is required at time of enrollment.

Signature: _____ Date: _____

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Student Name: _____
Parent/Guardian Name: _____

This Waiver and Release of Liability ("Agreement") is entered into by and between **[Pennsylvania Academy of Dance]** ("Studio") and the undersigned parent/guardian ("Parent/Guardian") on behalf of the above-named student ("Participant").

1. Assumption of Risk
I, the Parent/Guardian, understand that dance, fitness, and related activities involve physical movement and carry certain inherent risks of injury, including but not limited to: sprains, strains, falls, and other potential physical injuries. I voluntarily assume all risks, known or unknown, associated with my child's participation.

2. Medical Authorization
In the event of an emergency, I authorize the Studio to obtain medical treatment for my child. I agree that I am responsible for any medical expenses incurred as a result.

3. Waiver & Release
I, on behalf of myself and my child, hereby release, waive, discharge, and covenant not to sue **[Pennsylvania Academy of Dance]**, its owners, instructors, staff, volunteers, and representatives, from any and all liability, claims, demands, actions, or causes of action arising out of or related to any injury, illness, accident, or damages that may occur while my child is participating in Studio activities.

4. Photo/Video Release
I ☐ give / ☐ do not give permission for **[Pennsylvania Academy of Dance]** to use photos or videos of my child for promotional, educational, or marketing purposes without compensation.

5. Code of Conduct
I understand that the Studio has the right to remove any student who engages in unsafe, disruptive, or inappropriate behavior without refund.

6. Acknowledgment
I have read this Agreement, fully understand its terms, and sign it freely and voluntarily. I acknowledge that by signing this Agreement, I give up substantial rights, including the right to sue.

Parent/Guardian Signature: _____
Printed Name: _____
Date: _____

Emergency Contact Name & Number: _____