

Precision Dance Academy

Registration Form

(Please Print)

Registration Date _____ Start Date _____ Gender _____

Student's Name _____ D.O.B. _____ Age _____

Class Participation Preference amid COVID-19 Pandemic (Please circle) ***In Studio*** ***Virtual***

Previous Injuries or Disabilities _____

Parent's Name _____ Email _____

Mailing Address _____ City, State, Zip _____

Home Phone _____ Cell _____ Primary Work # _____

Emergency Name _____ Emergency Phone _____

How did you hear about us? _____

List classes participating in:

Medical Release

I hereby grant the Precision Dance Academy staff the right to render judgment concerning medical assistance in the event of an accident or illness during my absence.

By typing your name you are validating your signature

X

Parent or Legal Guardian Signature

Release

I/We the undersigned parents or legal guardian of a Precision Dance Academy student, for and in consideration of the enrollment of my child or a student for which I have been granted legal custody, hereby voluntarily and knowingly execute this release with the express intention of releasing Precision Dance Academy, it's owners, employees and agents from liability for all injury or physical harm which may arise from or be sustained as result of the participation of my child and/or legal ward in various programs or instruction, practice, and physical activity associated with the study of dance and related activities conducted by Precision Dance Academy regardless of fault or negligence. I/We hereby agree to indemnify and hold harmless Precision Dance Academy, it's owners, employees or agents for any injury or physical harm, which may arise from or be sustained as a result of it's participators, regardless of fault or negligence.

Executed on _____ 20 _____

By typing your name you are validating your signature

X

Parent or Legal Guardian Signature

Policies and Procedures

Registration and Payment of Fees:

(Initial) A non-refundable fee of \$45 per student is required yearly at time of registration.

Tuition and additional fees are paid by auto draft. Tuition will be withdrawn on the 1st of each month. Parents or adult students are responsible for tuition August through May. Tuition is non-refundable. New students may be prorated if starting mid-month, from then on you are responsible for full monthly tuition, including days missed due to holidays and vacations. The school will not prorate absences for any student. Additional fees will be withdrawn on their due date. Additional fees include a costume fee per class and one recital fee per family. All fees paid to Precision Dance Academy are non-refundable.

(Initial) I agree to allow Precision Dance Academy to withdraw funds for Tuition and Additional Fees from the (Initial) account I provided on the Payment Options Form.

Dress Code:

(Initial) Required dancewear and dance shoes must be worn to all classes. Failure to wear required dancewear to class can result in students being asked to sit out the class. Repeated failure to wear required dancewear can result in termination of lessons. Student's hair should be securely pulled out of the face. Students who come to class with their hair down will be given a hair tie and their account will be charged **50 cents**.

Attendance and Lateness:

(Initial) The school reserves the rights to have students who come to class late sit out. Repeated tardiness may result in termination of lessons. A minimum attendance standard will be required. The school also reserves the rights to terminate lessons and/or deny participation in recital performance if a student misses more than 4 classes consecutively with out written notice. Only classes missed for studio holidays may be made up, and must be done with in a month of the missed class(es).

Care of Students:

(Initial) The school is not responsible for providing before and/or after class care for students. Parents with students under the age of five should remain in the school parking lot during class time. All students **MUST** be picked up immediately following their class time.

Photography Rights:

(Initial) The schools reserves the right to use any photographs taking in Precision Dance Academy's classes, performances, rehearsals, and functions for advertisement and marketing purposes. Such photographs may be used for Precision Dance Academy website, Facebook page, community advertisement magazines, brochures, and flyers.

Withdraws and Refunds:

(Initial) There is a two-month minimum for all lessons. One-month (30-day) notice from the first of the month is required to discontinue any classes. Withdraw must be done in person and will not be accepted over the phone. Withdraw must be done at the front desk and not with the teacher. Withdraw must occur within the first 7 days of the month. No withdraws will be accepted after April 1. To withdraw from classes a parent or adult student must **complete and sign a withdraw form provided by school office thirty (30) days prior to the withdraw date.**

No refunds will be given for tuition fees, costume fees or recital fees. Precision Dance Academy reserves the right to terminate lessons to any student without notice.

(Initial) I have read and understand the above policies and procedures and agree to abide by them.

By typing your name you are validating your signature

Signature of Parent or Adult Students

Date

New _____ Updated _____

Precision Dance Academy Payment Options (Please Print)

___ **Pay Full Years Tuition (August – May) in Advance (10% off)**

___ **Automatic Draft from Checking***

Name (as shown on account)

Billing Address / _____ City State Zip

Bank Routing # Checking Account #

___ **Automatic Debit from Credit Card***

Name (as shown on card)

Billing Address / _____ City State Zip

Credit Card Number / _____ Expiration Date

Card Type (Visa or Master Card)

***I authorize Precision Dance Academy to withdraw funds for Tuition and Additional Fees from the account I provided above.**

Signature _____ Date: _____
By typing your name you are validating your signature

-----OFFICE USE ONLY-----

Student Name	Total Hours	Monthly Tuition (per student)	Sibling Discount	Total Amount (w/ Discount)
1.)				
2.)				
3.)				
4.)				
5.)				

Total Tuition _____

Start Date _____ Pro-rated Tuition _____ / _____ Registration _____ / _____
(1st Month Only) Amount Check#/Auto Amount Check#/Auto

Recital Y / N / UD Costumes _____ Costume Fee _____ Primary Contact _____
(Circle One) (Remaining Balance) (If different than Billing)

PG _____ QB _____ JR _____ Faxed _____

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Precision Dance Academy's dance programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Precision Dance Academy, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____
By typing your name you are validating your signature

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____
By typing your name you are validating your signature

Date signed: _____