

ACADEMY OF DANCE ENROLLMENT FORM

DANCER'S NAME _____ BIRTHDATE _____

ADDRESS _____ ZIP CODE _____

CONTACT PERSON _____ PHONE # _____

EMAIL _____

CLASS DAYS & TIMES I WOULD LIKE TO SIGN UP FOR:

If you are a new student to the Academy how did you hear about us?

Billing Name & Address if different from above:

Please read & sign below:

LIABILITY RELEASE FORM

I acknowledge and understand the inherent risks of accident or injury associated with the study of dance. I hereby release the Academy of Dance, its faculty, employees, representatives and associates from any and all liability, including, but not limited to, personal injury, illness, loss of, or damage to personal property, arising from my/my child's participation in Academy of Dance classes, activities, trips and performances. I also hereby grant the Academy of Dance permission to take photographs and/or video of me/my child and further agree that the Academy of Dance may use said photographs/video for the promotion of the Academy of Dance.

PARENT/ GUARDIAN SIGNATURE