

Registration Form

Welcome to Elite Dance Academy!



Students name	Today's Date
Address	
Mom's name	Mom's phone #
Dad's name	Dad's phone #
Home phone	Students birth date
Emergency Contact	Phone #
Allergies/medical conditions	
Insurance	Policy #
Email (required)	Referred by:

Class Name	Class Day/Time	Instructor

Recital and Sizing Information

Our recital will be held at the end of the season. Will you be interested in participating in our recital? YES NO Please know, if you are registering for class later in the season, recital participation may be dependent on costume ordering. More details are available in our Recital Handbook.

*Please specify the following sizes to guide us in ordering costumes on recital year and clothing through out the season. Thank you.

Shoe _____ **Top size** _____ **Bottom size** _____ **Height** _____ **Weight** _____

OFFICE USE ONLY

<input type="checkbox"/> Welcome email	<input type="checkbox"/> Beginning Date _____	Bust <input type="checkbox"/>
<input type="checkbox"/> CM/MnM Theme Days or Dates to Know	<input type="checkbox"/> Cost of Season _____	Waist <input type="checkbox"/>
<input type="checkbox"/> Car Decal	<input type="checkbox"/> Pay per session/cost per session _____	Hips <input type="checkbox"/>
<input type="checkbox"/> Season's Schedule, all offered classes	<input type="checkbox"/> Autopay/Monthly _____	Girth <input type="checkbox"/>
<input type="checkbox"/> Recital Handbook	<input type="checkbox"/> Registration Fee _____	Inseam <input type="checkbox"/>

Participating in Recital YES NO

THE FINE PRINT

LIABILITY RELEASE and CODE OF CONDUCT

I, the undersigned parent or guardian, do hereby grant permission for my son/daughter to participate in the activity and/or activities of dancing and/or acro at Elite Dance Academy. I understand that these activities involve risk to the participant. I further acknowledge and understand that due to the nature of these activities, there is a possibility that my child may sustain physical illness or injury (minimal, serious, catastrophic or death) in connection with his/her participation. Parents and participants must understand that no amount of matting, spotting, training or excellent teaching can guarantee an injury-free program. I further acknowledge and understand that I assume the risk of such physical illness or injury by his/her participation, and I further release Elite Dance Academy and their representatives and staff from any claims for personal illness or injury that my son/daughter may sustain during participation in this activity.

I further understand that Elite Dance Academy has established rules and regulations pertaining to conduct, behavior and activities of all students and participants, by which parents and students must abide during participation in these activities while on the Elite campus and at such other sites as Elite Dance Academy, in its sole discretion, shall determine are appropriate for the participation of Elite Dance Academy and the dancers enrolled there. My child and I will be responsible for his/her failure to abide by those rules and regulations.

MEDICAL TREATMENT AUTHORIZATION

To insure that my child may receive the necessary medical treatment in the event he/she may sustain injury or illness during participation in this activity, and I am unable to be reached, I hereby authorize the Elite staff or other supervising adult to obtain medical treatment for my child for such injury or illness during these activities, and hereby hold Elite Dance Academy and their staff harmless in the exercise of that authority. I have listed any or all allergies and/or medical conditions that my child may have to inform and prepare those who provide medical treatment is necessary.

AUTHORIZATION FOR PHOTOPGRAPH USE AND WAIVER OF PRIVACY RIGHTS AND RIGHTS OF PUBLICITY

The Elite Dance Academy regularly includes the photographs and related information generated by our operations, dance classes, competitions and other events for publicity purposes (flyers, newspaper ads, bulletin boards, programs, Facebook, website, etc.). By participating in any of these events you understand that your child's photograph, video and other related information about you may be included in these uses. Please sign this form where indicated below to signify your authorization for all such use.

WITHDRAWING FROM A CLASS

We can understand and appreciate that circumstances happen out of our control and decisions made upon the best interest of your dancer must be made. In order to properly be removed from a class and payment to be stopped, please fill out our withdrawal form and return to the administrative team. If you have interest or plan to re-enroll in any class or program, there is proper paperwork to be filled out and a re-enrollment fee of \$25.

PAYMENT POLICY AND REQUIREMENTS

Elite Dance Academy calculates tuition for the season as a whole and then divides into three sessions. An active credit/debit card is required at time of registration to ensure payment and for autopay set up. Sessions are due the first of the month, on given the months. Any session payment not received by the 15th of that given month will be charged on card. A \$25 fee will be applied for any denied or expired card. Please keep the card on file current and up to date for Elite Dance Academy will not request new card information and has the right to process payment on the given dates and schedules. A non-refundable registration fee is due at time of registration: September-February \$35 for single dancer or \$45 for family, March-June \$20 for single dancer or \$30 for family. Please refer to our Fall Schedule for our tuition policy.

I have read, understand, and agree to the terms that Elite Dance Academy has provided under the Liability Release, Code of Conduct, Medical Treatment Release, Photograph Release, and Payment Policy and Requirements.

Parent/Guardian's Signature

Date



EliteDanceofBrunswick.com
1241 Industrial Parkway North
Brunswick, OH 44212
330.273.9421

