

Dance Avenue Fall Registration 2025/2026

DANCER NAME _____ AGE _____

BIRTHDAY _____ / _____ / _____ DANCER GENDER (circle) M F NB

PARENT(S) NAME _____

- ♦ New families, please fill out the form completely.
- ♦ Returning families, if info hasn't changed, only fill in the portion above.
- ♦ Parent must initial the Disclaimer and Sign & Date.

ADDRESS _____ Mom's Cell _____

CITY, STATE, ZIP _____ Dad's Cell _____

EMAIL _____ Home Phone _____

Emergency Contact (other than parents) _____

Emergency Contact Relation to Dancer _____ Emergency Phone _____

Dancer Medical Conditions: _____

How did you hear about us? _____

DISCLAIMER (Parent Please Initial)

_____ Dance, like any physical sport, is a potentially risky activity. Injuries, whether minor or major, are always a possibility. Dance Avenue Inc., its Instructors and other staff members will not be held responsible for illness or injuries sustained by any student or family during dance classes, competitions, performances, or any other studio-related function. I am fully aware of the risks involved, and I consent to have my child participate in the programs offered by Dance Avenue Inc. I, my executors, or other representatives hold Dance Avenue Inc. harmless, waive and release all rights and claims for damages that I or my student may have against Dance Avenue Inc. or its representatives, whether paid or volunteer.

_____ I understand that tuition payments are non-refundable and due from the 1st to the 7th of each month; if paid after the due date a \$15.00 Late Fee will be added to my monthly tuition. Furthermore, I understand that tuition is paid for a 10-month season (Sept-June) and must be paid regardless of absences or studio closings and that my tuition fees will remain the same monthly regardless of a short (2-3 week) or a long (5 week) month.

_____ I understand that Recital costume payments are non-refundable & non-transferable and will not be ordered if payment is not made by the due dates.

_____ I understand that a \$5.00 per class fee will be added to my April tuition to cover the cost of having my dancer appear in the Recital Program and that if I choose to opt out, I must inform a Dance Avenue office manager at time of registration.

_____ I understand the Dance Avenue Attendance Policy and if my child is absent more than 5 times, she/he may not be allowed to perform in the annual Recital.

_____ I understand Dance Avenue reserves the right to refuse service and/or admission to anyone, at any time, and for any reason.

_____ I will not hold Dance Avenue responsible for any lost, stolen, or damaged items.

_____ I will respect the guidance of the professionally trained Dance Avenue Instructors and Studio Director regarding my child's class level placement.

_____ I consent to the release of my child's photo/video possibly appearing on Dance Avenue's website or advertisements for studio promotion purposes.

_____ I have read, understand, and agree to adhere to ALL guidelines as stated within the Dance Avenue Policies booklet.

PARENT SIGNATURE _____ DATE _____

Office Use - - - - -

SCHEDULE: Day – Class - Level

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Performing in Recital (circle) YES NO Costume Payments (circle) MONTHLY DEPOSITS PAID IN FULL

FEES PAID: Amount \$ _____ Date Paid _____ Payment Type _____ Employee Initials _____