

# NEW/ Returning Student Registration

A \$30 NON-Refundable Registration Fee must accompany this form in order to be enrolled in class. Gets you a free studio tshirt. Size\_\_\_\_\_ DANCE YEAR \_\_\_\_\_

## OFFICE ONLY USE

Registration

Received: \_\_\_\_\_

Start Date: \_\_\_\_\_

Tuition: \_\_\_\_\_

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Class: \_\_\_\_\_

Day: \_\_\_\_\_

Time: \_\_\_\_\_

Room: \_\_\_\_\_

Teacher: \_\_\_\_\_

Day: \_\_\_\_\_

Time: \_\_\_\_\_

Room: \_\_\_\_\_

Teacher: \_\_\_\_\_

Class: \_\_\_\_\_

Day: \_\_\_\_\_

Time: \_\_\_\_\_

Room: \_\_\_\_\_

Teacher: \_\_\_\_\_

Class: \_\_\_\_\_

Day: \_\_\_\_\_

Time: \_\_\_\_\_

Room: \_\_\_\_\_

Teacher: \_\_\_\_\_

Class: \_\_\_\_\_

Day: \_\_\_\_\_

Time: \_\_\_\_\_

Room: \_\_\_\_\_

Teacher: \_\_\_\_\_

Student/Parent Information

**Student Name:** \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email address \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mailing Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dancers Information

Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_

School Attending:

Pre-School/Kindergarten: AM\_\_ PM\_\_ All Day\_\_

What time does your school end? \_\_\_\_\_

Siblings that dance at B.E.D.A

**Please make sure information is accurate for proper placement.**

**No experience \_\_\_\_\_** (please continue to Dance Interest.)

**Experience: (please indicate by # of years of training)**

**Tap \_\_\_\_\_ Ballet \_\_\_\_\_ Jazz \_\_\_\_\_ Lyrical \_\_\_\_\_**

**Pointe \_\_\_\_\_ Tumbling \_\_\_\_\_ Hip Hop \_\_\_\_\_ Pom Pon \_\_\_\_\_**

**Do any of these years include pre-school training?**

**Where have you previously studied dance ?**

**Dance Interest**

**Please check interest!**

**Pre-school Combo Classes \_\_\_\_\_**

**Ballet/tap/Jazz Combo Classes \_\_\_\_\_**

**Separate Classes Only offered to Intermediate and Advanced**

**Students:**

\_\_\_\_\_ **Tap \_\_\_\_\_ Ballet \_\_\_\_\_ Jazz\* \_\_\_\_\_ Lyrical\***

\_\_\_\_\_ **Ballet Technique**

\_\_\_\_\_ **Pointe (w/Ballet Technique)**

**Separate classes offered to Beginner thru Advanced:**

\_\_\_\_\_ **Hip Hop \_\_\_\_\_ Pom Pon**

\_\_\_\_\_ **Tumbling/Acrobatics**

\_\_\_\_\_ **Cheer Technique \_\_\_\_\_ Turns and Leaps**

\_\_\_\_\_ **Breakdance \_\_\_\_\_ Ballroom**

**Competitive Team \_\_\_\_\_**

**Jingle Bell Rock \_\_\_\_\_**

*\* Student must be enrolled in Ballet Class to be*

*eligible to take.*

**Comments/Special Interest:**

Agreement and Release Liability Form:

I, \_\_\_\_\_, am the parent/one of the parents/legal guardian of \_\_\_\_\_, who was born on, \_\_\_\_\_.

**1. Liability Release** I, \_\_\_\_\_ hereby release Tonya Simon, Belleville Elite Dance Academy, all Employees, and Instructors employed by Belleville Elite Dance Academy, or contracted by Belleville Elite Dance Academy from all liability of damages, injuries, or expenses due to injuries that may occur to my (son/daughter). \_\_\_\_\_ during their participation in class, or participation during other dance activities sponsored by Belleville Elite Dance Academy I acknowledge the fact that certain types of injuries are common and inherent in dance-related activities, and hereby agree that I, my child, our assignees, heirs, distributee, guardians, and legal representatives will not make a claim, demand, or cause of action against Belleville Elite Dance Academy, Tonya Simon, employees and instructors employed by Belleville Elite Dance Academy, or contracted professional by Belleville Elite Dance Academy. They are not liable for personal injuries or loss of, or damage to personal property while attending Belleville Elite Dance Academy or participating in other activities away from the premises, to do with Belleville Elite Dance Academy.

**2. Assumption of Risk** On behalf of my child, I hereby agree to accept and assume any and all risk involved in or arising from my child's use of, or attendance at Belleville Elite Dance Academy, including, without limitation, the risks of death, bodily injury or property damage resulting from an and all activities, including but not limited to injury or accident while traveling, all dance activity or sponsored activities or the negligent or deliberate act of another.

**3. Emergency Medical Treatment:** In an emergency medical situation when parent/guardian verbal permission is not available, I also hereby authorize a staff member of Belleville Elite Dance Academy to consent to any medical or dental care of treatment for my child to be rendered under the supervision of qualified physician, surgeon or dentist. I understand Dance and Acrobatics are very strenuous physical activities and accidents can possibly happen that may cause injury.

**4. Indemnify and Defend:** I also agree, on behalf of myself and my child, to indemnify and defend Belleville Elite Dance Academy and Tonya Simon against, and

hold each harmless from, any and all claims, causes of action, damages, judgments cost or expenses, including attorney's fees and costs which may arise from my child's use of or participation in and attendance at Belleville Elite Dance Academy. I have carefully read this agreement and fully understand its contents, I am aware that this is a release of liability and a contract between myself and Belleville Elite Dance Academy, Tonya Simon, and all employees, and sign of my own free will.

**Parent/Releasor**

**Signature:** \_\_\_\_\_

**Print**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_