

Registration Form 2011-2012

Account Holder Information:

Name (Parent or Legal Guardian): _____

Email Address: _____

Mailing Address: _____

Home Phone: () _____ - _____

Cell Phone: () _____ - _____

Work Phone: () _____ - _____

*Please indicate your primary number.

May CAD text you with information? Yes No

Student Information:

Name: _____

Please circle: Female Male

Birthday: _____ (MM/DD/YYYY) Age: _____

School: _____ Grade: _____

Years of dance experience: _____

Where (if other than CAD)? _____

Allergies: _____

Health Restrictions: _____

CLASS INFORMATION:

Class Title: _____

Class Day: _____ Time: _____

Class Title: _____

Class Day: _____ Time: _____

Class Title: _____

Class Day: _____ Time: _____

Continue on back if needed.

Office use only:

TUITION RATE: _____ COSTUME BALANCES: _____ Family Y N

FAMILY TUITION: _____

PARENTAL RELEASE

As parent or legal guardian for _____, I hereby give permission for my child (ren) to participate in dance classes, events, and activities at Carrollton Academy of Dance at its usual place of business, and any and all other locations provided by Carrollton Academy of Dance including but not limited to venues for shows, performances for the community, competitions, conventions, workshops, etc. I understand that dance is a physically demanding activity resulting in risk of injury to my child (ren).

On my own behalf as well as on the behalf of my child(ren), I indemnify and hold harmless, and weigh all claims against Carrollton Academy of Dance* from and against any and all loss, cost, charge, claim, demand, liability, damage, medical expense, long or short term care, claims for emotional distress, suit or demand, known or unknown, apparent or not apparent, present and future, arising directly or indirectly from any personal injury or property loss which may occur to myself or my child (ren) on the premises of Carrollton Academy of Dance, or any other location provided by Carrollton Academy of Dance, and or under instruction, under supervision, or control of Carrollton Academy of Dance.

*Including but not limited to its owner, staff, teachers, policies, employees, agents, etc.

- I have read, understand, and agree to abide by all the policies and procedures of Carrollton Academy of Dance (CAD).**
- I understand that CAD has the right to refuse instruction to any student or parent not abiding by the policies and procedures of CAD. This includes but is not limited to financial obligations, dress requirements, and attendance policies.**
- I understand that CAD has the right to cancel any class if enrollment drops below 5 students.**
- I understand that CAD is not responsible for lost, stolen, or unclaimed items.**
- I understand that CAD has the right to any and all photography or video of me or my child (ren) that may be used for archival and/or promotional purposes.**
- I understand that CAD reserves the right at all times to cancel or change classes, days, and times or to provide proper substitute instructors for any amount of time (including apprentice teachers).**
- I understand that tuition will not be pro rated for holidays or cancellations due to weather; however make-up classes may be scheduled at the discretion of the director.**

_____ I have read, understand, and agree to all the above stated terms and conditions as well as the policies and procedures found on www.carrolltonacademyofdance.com. (Please check on the line.)

Parent or Legal Guardian Signature:

Date: (MM/DD/YYYY)

CAD Dancer Signature:

Date: (MM/DD/YYYY)
