



2018 SPRING CLASS REGISTRATION FORM

PLEASE PRINT CLEARLY

Student Name _____ Male Female

Student Birth date ___/___/___ Age ___ Grade ___ School _____

Parent/Guardian Name(s) _____
THIS WILL BE THE MAIN NAME ON THE ACCOUNT

Mailing Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ E-mail Address _____

CLASS REGISTRATION

PLEASE SELECT CLASS

- INTRO BALLET AGES 6-10**—MONDAY 6:15-7:10
- 4/5 YR OLD BALLET/TAP COMBO**— TUESDAY 6:15-7:10
- TEEN HIP HOP AGES 11 & UP**— TUESDAY 7:15-7:10
- INTRO HIP HOP AGES 6-10**— WEDNESDAY 6:15-7:10
- 2 1/2—3 YR OLD CREATIVE MOVEMENT**— SATURDAY 9am-9:30am

Class Fee	
Fee \$	<u> 52 </u>
Fee \$	<u> 52 </u>
Fee \$	<u> 52 </u>
Fee \$	<u> 52 </u>
Fee \$	<u> 40 </u>
\$	_____
TOTAL CLASS FEE	

<p><u>Spring Session Dates</u> Week 1: April 16th-21st Week 2: April 23rd-28th Week 3: April 30th-5th Week 4: May 14th-19th</p>
--

MEDICAL INFORMATION	
List any allergies student may have: _____	
Does student have any medical or health problems: YES NO (CIRCLE) If YES, describe _____	
Are there any activities to be restricted for this student: YES NO (CIRCLE) If YES, describe _____	
Name of Insurance Carrier: _____	Policy/Group# _____
Doctors Name: _____	Phone: _____

~~Class Registration Fee: \$30 First Student, \$25 Second Student, \$10 Third Student. Students Must be in the same immediate family.~~

REG FEE TOTAL: \$ NA

**TOTAL AMOUNT OWED AT
REGISTRATION**

TOTAL \$ _____

HOW DID YOU HEAR ABOUT US?

Newsletter Website
 The Ledger PostCard
 Friend OTHER _____

OFFICE USE ONLY

AMOUNT PAID: \$ _____
 AMOUNT OWED: \$ _____

PAYMENT METHOD
 CASH VISA MASTER CHECK#: _____

I understand and accept the conditions of registration as described in this brochure including those related to refunds and late payment fees. I also understand that Performer's Edge Dance Center Inc. and its instructors cannot be held liable for any loss, damage, accident or injury of any kind that may occur in or outside of the dance facility.

By signing below I acknowledge that I have read and understand both sides of this form completely.

PLEASE READ BACK BEFORE SIGNING

Signature of Parent/Guardian _____ Date _____

PLEASE READ THE FOLLOWING **IMPORTANT INFORMATION**

Parents and/or students should read the following completely and carefully. You are agreeing to allow your child to participate in dance classes and activities at Performer's Edge Dance Center Inc. (PEDC Inc.) that could involve possible personal injury or accidents. I acknowledge that I understand the nature of the activities that my child will be participating in and that my child is in the proper physical condition and capable of participating in the related activities and understand that PEDC Inc is not in any way responsible for making such determination.

In consideration of my child's enrollment in any dance instruction program or attendance, I understand and agree on behalf of myself and my child, to release, hold harmless, and discharge Performer's Edge Dance Center Inc. from all claims, costs, liabilities, expenses or judgments, including attorneys' fees and court costs for any occurrences in connection with any attendance or any kind of participation as part of the dance studio.

I assume all risks to my child in connection with any instruction and further release Performer's Edge Dance Center Inc and its owners and employees from liability for any injury sustained by my child while he or she is enrolled in any dance instruction program, including all risks reasonably connected with such activity whether foreseen or unforeseen.

I understand that Performer's Edge Dance Center Inc. is not responsible for my child or other children under my (The Parents) supervision who are left unsupervised in the common areas and areas surrounding the dance studio and that Performer's Edge Dance Center Inc. will only be supervising my child when he or she is participating in scheduled dance activities, programs or instruction. It is the parents responsibility to be on time when picking their child up as Performer's Edge Dance Center Inc. is not responsible for unsupervised children in the dance studio common areas.

I understand that Performer's Edge Dance Center is not responsible for personal property lost, damaged or stolen while I or my child is at or on Performer's Edge Dance Center Inc. property.

I acknowledge and agree that it is my responsibility to maintain my own accident and health insurance coverage that provides adequate coverage for myself and my child participating in Performer's Edge Dance Center Inc. activities and that Performer's Edge Dance Center Inc does not provide accident or health insurance for those participating in its instruction, activities or programs or attending at any function of program of the dance studio.

I grant Performer's Edge Dance Center Inc. my permission to use pictures, videos or likeness of my son/ daughter for public relations/ promotional purposes. Performer's Edge Dance Center Inc. may use photo/ video for its advertising and/or public relations projects and that I have no rights to the same and will not be compensated for the same.