

# PENNSYLVANIA DANCE INSTITUTE

## REGISTRATION & RELEASE FORM

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/Guardian Names ( if under 18): \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Emergency Contact (other than parents): \_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_

<u>Class:</u>	<u>Day/Time:</u>	<u>Length:</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Total Hours per Week: \_\_\_\_\_  
Full Session tuition due: \_\_\_\_\_

**\*Does the student have any ailments or restrictions? YES NO If yes, please explain**

### NEW STUDENTS

How did you hear about us? \_\_\_\_\_  
Did someone recommend you? YES NO If yes, who recommended us? \_\_\_\_\_

Has the student had any previous training? YES NO If yes, please describe styles, amount of time studied, and previous schools/studios: \_\_\_\_\_

### **RELEASE**

By signing this release form, I agree to pay tuition on classes registered for before classes begin and that no refund or credit is given either for dropped classes or missed classes.

By signing this form, I state that I have read all of PA Dance Institute's policies and dress codes and determine that I understand, agree with and completely support all of the policies.

By signing this form, I give PA Dance Institute full rights to use photographs or video images of my child for promotional purposes only. Photos and videos will not be used for any other reason.

By signing this form, I understand that I have enrolled \_\_\_\_\_ (student's name) in a program of strenuous activity offered by PA Dance Institute. I affirm that the student is in good physical condition and does not suffer from any disability that would prevent or limit participation in this program. By signing this form, I release PA Dance Institute, its owner, and its instructors from any claims, demands, or causes of action from the student's participation in the dance, music, or theater program. I also release PA Dance Institute, its owner, and its instructors from any liability due to injury, soreness, or illnesses, however caused, occurring before, during or after participation in any of the programs offered by PA Dance Institute or while in the vicinity of PA Dance Institute, or in any activity sponsored, represented, or organized by PA Dance Institute, the owner, Delphine Del Bello Spencer, or its instructors, for any reason. By signing, I affirm that I have read and fully understand and agree with the above waiver.

\_\_\_\_\_  
(signature of parent, legal guardian, or student over the age of 18) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_