



DANCE CLASS REGISTRATION FORM / AUTOMATIC PAYMENT CONSENT FORM



1st Student: Name: _____ D/O/B: ___/___/___ This will be your ___ year of dance.

Age: _____ Grade Level: _____ Do you wish to participate in the recital: _____

2nd Student: Name: _____ D/O/B: ___/___/___ This will be your ___ year of dance.

Age: _____ Grade Level: _____ Do you wish to participate in the recital: _____

3rd Student: Name: _____ D/O/B: ___/___/___ This will be your ___ year of dance.

Age: _____ Grade Level: _____ Do you wish to participate in the recital: _____

4th Student: Name: _____ D/O/B: ___/___/___ This will be your ___ year of dance.

Age: _____ Grade Level: _____ Do you wish to participate in the recital: _____

Parent's Name(s): Mother: _____ Father: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ Zip Code: _____

Email Address (required): _____ Previous Dance School: _____

Where did you hear about us? _____

CLASSES:

<u>DAY</u>	<u>TIME</u>	<u>DANCE STYLE</u>	<u>TEACHER</u>

METHOD OF PAYMENT: I agree to pay (check one):

Electronic funds transfer (monthly auto-pay installments)

1st source: Checking Account – Routing #: _____ Account #: _____

2nd source: Credit Card – Visa Mastercard Discover American Express

Card Number: _____ - _____ - _____ - _____ Exp. Date ___ / ___

Ten Post Dated Checks

Entire Session (September – June) by Cash, Check, or Credit [Receive 5% off tuition]

I hereby authorize and grant full permission to Elite Dance Academy, LLC to draft my account and/or charge my credit card on the first day of each month for any and all fees due to Elite Dance Academy, LLC including without limitation to tuition fees, recital fees, costume fees, privates lesson fees, merchandise fees, late fees, picture fees, recital book fees, competition fees, graduation fees, and non sufficient funds fees in accordance with the dates set forth in the Elite Dance Registration Guidebook. I understand should my first source of payment return insufficient funds, Elite Dance Academy, LLC will draft payment from my second source listed above.

Signature: _____ Date: _____

(Office Use Only) Registration Fees: _____ Tuition: _____ Costume Fees (Excluding Competition): _____

Recital Fees: _____ Pictures: _____ Graduation: _____ Merchandise Fees: _____ Other: _____

ELITE DANCE ACADEMY, LLC.

RELEASE OF LIABILITY, WAIVER, COVENANT NOT TO SUE AND CONSENT TO RECEIVE ROUTINE AND EMERGENCY MEDICAL TREATMENT

In consideration of Elite Dance Academy, LLC (EDA) allowing persons to participate in dance lessons, rehearsals, competitions, or any event or activities organized or sponsored by EDA, participant agrees to the following:

1. I do hereby, for my child, myself and any or either of our heirs, administrators, executors, guardians, representatives, next of kin, forever WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE Elite Dance Academy, LLC, Michael Arnold, Eileen Arnold, and/or their respective representatives, officers, directors, employees, agents, successors, assigns, medical personnel, and invitees (Releases) for any and all damage and any claim therefore on account of injury to the person or property or resulting in death, whether caused by the negligence of Releases or others, while I am in any way engaged in or associated with activities and events organized or sponsored by Elite Dance Academy, LLC. I further agree to indemnify, defend and hold harmless "Releases" from damages arising from my participation or association with activities and events organized or sponsored by Releases.
2. **MEDICAL TREATMENT CONSENT:** I attest and verify that I am free from all illnesses, injuries or defects and am physically fit and sufficiently able to participate in all activities associated with dance lessons, rehearsals, competitions, events or activities organized or sponsored by Elite Dance Academy, LLC. I consent to administration of first aid and other medical treatment to myself or my child in the event of injury or illness and release and indemnify Releases from any and all liability or claims arising out of such treatment.
3. I hereby in perpetuity grant full permission to Releases, as described above, to use any photographs, videotapes, motion pictures, recordings or any other record of activities of dance lessons, rehearsals, competitions or any event or activity organized or sponsored by Elite Dance Academy, LLC for any legitimate purpose. All photographs, motion pictures, videotapes, compact disks, DVDs, recordings or other submissions taken by or given to EDA shall be property of EDA.
4. I hereby state that I have received a copy of the Elite Dance Registration Guidebook. I have read and understand the fees, rules, schedules, guidelines, policies, *Dates to Remember* and procedures as detailed in the Elite Dance Registration Guidebook. I agree with its principles and application. I fully support Elite Dance Academy, LLC in the implementation of these policies.
5. EDA cannot and shall not be responsible and/or liable for cancellation or any failure to provide services in connection therewith, if such failure is caused by Acts of God, including without limitation, the following: (i) restrictions upon travel, food, beverages, or supplies; (ii) travel delays; (iii) labor problems and/or (iv) any other cause of whatever kind or nature which is beyond the control of Elite Dance Academy, LLC. The undersigned specifically agrees to hold harmless the Releases including EDA for any liability resulting from actions taken or failed to be taken by the undersigned before, during, or after dance lessons, rehearsals, competitions, or any event or activities organized or sponsored by EDA.
6. I hereby state that I understand slander and disrespect with regard to Elite Dance Academy, LLC, Michael Arnold, Eileen Arnold, and/or their respective representatives, officers, directors, employees, agents, successors, assigns, medical personnel, and invitees on the premises or in the parking lot may result in immediate dismissal.

I hereby state that I am authorized to make this decision. I agree to indemnify, defend and hold harmless Releases, as described above, from any loss, liability, cost, claim or damages whatsoever that may be imposed upon said Releases because of any defect or lack of such authority to take the actions described herein on behalf of the undersigned participant. I have read and understand all of the above and voluntarily sign this document and further agree that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Authorized Signature: _____

Date: _____