



**Personal Information**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Mother / Guardian Name: \_\_\_\_\_

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

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

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

Mother's Employment: \_\_\_\_\_

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

Father's Employment: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Referral (New Students Only)** How were you referred to our school?

\_\_\_\_\_

**Previous Dance Training (New Students Only)** Please list your previous training and the studios attended:

\_\_\_\_\_

**Medical Information**

Child's Allergies: \_\_\_\_\_ Child's Health Conditions: \_\_\_\_\_

\_\_\_\_\_

Any additional health or physical concerns we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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



### Participant Release 2017-2018

In consideration of my child \_\_\_\_\_ participating in dance lessons and related activities at Carolina Dance Alliance, I \_\_\_\_\_ (parent or legal guardian) hereby release, discharge and agree not to hold responsible or bring suit, against Carolina Dance Alliance, its owner, director, agents, faculty, staff, volunteers and other employees, participants, any sponsors, advertisers, and/or owners of premises where the dance lessons take place, from all liability, claims, demands, losses, damages, costs, expenses, lost wages and loss of services of any kind whatsoever for a personal injury and/or property damage, known or unknown, which may result from my child's participation in, preparation for, or any other activity associated with Carolina Dance Alliance., whether arising before, during or after such activities. I hereby grant permission to the rights of my child's image, likeness and sound of my child's voice as recorded on audio or videotape without payment or any other consideration. I understand that my child's image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my child's image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

I further agree to pay in full, all costs associated with my child's registration at Carolina Dance Alliance as they pertain to my child, including tuition, costumes, recital and if applicable, competition fees. Monthly tuition is due the 1st of each month. **All accounts will be charged a \$15 late fee if tuition is not paid in full by the 7th of the month. A separate late fee will also be applied to late payment for other charges/services not paid by the stated deadline including costumes, recital fee, workshops, competition fees, etc.**

I also understand that I will be charged a \$30.00 fee for any returned checks or auto pay withdrawal / credit card refusals, resulting in cash payments for all future invoices.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_