

Central Virginia Dance Academy

Registration Form 2011-2012

9131 A Staples Mill Road - Glen Allen, VA 23228
(804) 501-0707- www.centralvadance.com

Student Information

Name _____ Age ____ Date of Birth _____

Parent/Guardian Name _____

Address _____ City _____ Zip _____

Phone _____ Work Phone _____

Cell Phone _____ Email _____

Previous years of dance training? _____

School your child will attend for 2011-2012 school year?(optional) _____ Grade _____

Are their siblings registered at Central VA Dance Academy?

Class Registration Information (List all classes)

Class Name

Class Day

Class Time

<u>Class Name</u>	<u>Class Day</u>	<u>Class Time</u>

Payments (check option):

___Yearly tuition (Due at registration with \$20.00 registration fee)

___Quarterly tuition (First payment due at registration with \$20.00 registration fee. Second payment due November 7th, Third payment due January 9th, Final payment due March 19th)

- A \$60 costume fee will be due Dec. 1st. All students registered for more than one class will have an additional costume fee of \$60 per class.

Payment options: ___check enclosed ___cash ___credit card(see office)

Tuition Policy:

- The first quarter and registration fee are non-refundable.
- All tuition is non-refundable after the withdraw date of Nov 1st unless a medical condition occurs. A doctor's note must be given to the office and approved for tuition to be refunded.
- A late fee of \$20 will be added for all tuition that is more than 15 days late.
- A returned check fee of \$10 will be added for all returned checks.

I have read Central Virginia Dance Academy's tuition policy and accept the above terms.

Signature _____ **Date** _____

Medical Information

Is the student allergic to any medications or have any specific allergies? If YES, please list: _____

Does the student take any kind of medication on a regular basis? If YES, please list: _____

Does the student have any illness, injury, or medical condition that the studio should be aware of? If Yes, please

list: _____

I (parent/guardian) _____ of (student) _____

do hereby authorize Central Virginia Dance Academy, LLC, or a representative thereof, to seek medical attention if necessary.

Signature _____ **Date** _____

Photo Release

I grant Central Virginia Dance Academy, LLC and its designees the right to use my or my child’s likeness and images in promotional and marketing materials and grant Central Virginia Dance Academy, LLC complete ownership of the materials in which I or my child appear.

Signature _____ Date _____

WAIVER AND INDEMNITY AGREEMENT

In consideration of being permitted to participate in activities and classes ("Activities") at Central Virginia Dance Academy, I, for myself and my child(ren), my and their personal representatives, assigns, heirs, and next of kin acknowledge and agree that: (a) ATHLETIC AND DANCE ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY ("RISKS"); (b) these Risks and dangers may be caused by my or my child's own actions or inactions, the actions or inactions of others participating in the Activities, the condition in which the Activities takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW, (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of my child(ren) in the Activities. I hereby release, discharge and covenant not to sue Central Virginia Dance Academy, LLC, as well as its officers, directors, agents, employees and assigns FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT OR ON THE ACCOUNT OF MY CHILD(REN) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, AND I FURTHER AGREE THAT IF, DESPITE THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I or my child(ren), or anyone on my or their behalf, makes a claim against any of the Releasee’s, I hereby indemnify, release, hold harmless, and forever discharge the Releasees, and their agents, employees, officers, directors, affiliates, successors, and assigns, of and from any and all litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim, causes of action, lawsuits, damages, and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any Activities conducted by, on the premises of, or for the benefit of Central Virginia Dance Academy, LLC; provided, that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful, or wanton misconduct.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW OF THE COMMONWEALTH OF VIRGINIA AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID OR UNENFORCEABLE BY A COURT OF COMPETENT JURISDICTION, THE REMAINING PROVISIONS WILL CONTINUE TO BE FULLY EFFECTIVE.

Name of Child (if applicable): _____

Your Name: _____

Signature: _____ Date: _____

