

Central Virginia Dance Academy Registration Form 2010-2011

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 2008-2009 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 \$10.00 registration fee)

___Semester tuition(First payment due at registration with \$10.00 registration fee. Second payment due January 19th)

Payment options:___check enclosed___cash___credit card(see office)

ALL TUIITION IS NON- REFUNDABLE

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:_____

Physician's Name:_____Phone #_____

Insurance Company_____Policy #_____

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_____