



REGISTRATION FORM 2012

Trial Date _____
Trial Class _____
Registration Date _____

Parent/Guardian Names: _____

Address _____
City _____ State _____ Zip _____

Phones: Home _____ Cell _____

Please indicate your preferred number and best times to reach you: _____

Work (mother) _____ (father) _____

Emergency Contact Name: _____ Phone: _____

Occupation (optional): Father _____ Mother _____

Email is the primary source of communication to academy families. Please add info@CaliforniaDanceAcademy.com to your address book in order to help ensure you receive these messages.

Primary email: _____ Secondary email: _____

How did you hear about CDA? _____

Student 1 _____ Birth Date _____ Age _____

Academic School _____ Grade _____

Medical Info/Limitations _____ Insurance Info _____

Previous Training (# of years and location) _____

Please list the dance classes you are enrolling your child in:

#1: _____ #2: _____

#3: _____ #4: _____

#5: _____ #6: _____

Student 2 _____ Birth Date _____ Age _____

Academic School _____ Grade _____

Medical Info/Limitations _____ Insurance Info _____

Previous Training (# of years and location) _____

Please list the dance classes you are enrolling your child in:

#1: _____ #2: _____

#3: _____ #4: _____

#5: _____ #6: _____

**CALIFORNIA DANCE ACADEMY
WAIVER AND RELEASE OF ALL CLAIMS AND
PERMISSION TO SECURE TREATMENT**

Please read this form carefully. Be aware that in registering yourself or your minor child in any dance or fitness class at California Dance Academy, you will be waiving and releasing all claims for injuries you or your minor child might sustain arising from participating in such activities.

I recognize and acknowledge that there are certain risks of physical injury to participants in classes at California Dance Academy (hereafter referred to as CDA), and I agree to assume full risk of injuries, damages, or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities at CDA.

By my signature below, I certify that I and/or my minor child are physically able to participate in classes and do hereby agree that this business, owners, employers, contractors, assistants or agents are not responsible or liable to me for any injury, accident, or loss of personal property. I, for myself and my minor child, do hereby release this business and its employees, contractors, assistants, owners and agents from any claim or cause of action which may have occurred as a result of participation in classes or as a result of any medical problem known or unknown of which I have knowledge presently or in the future. I agree to waive and relinquish all claims that my minor child or I may have against CDA and its owners, agents, employees, contractors, instructors, and assistants as a result of participating in classes at CDA.

I further agree to indemnify and hold harmless and defend CDA, and its owners, agents, employees, contractors, instructors, and assistants from any and all claims resulting from injuries, damages and losses sustained by me or my minor child arising out of, connected with, or in any way associated with classes at CDA.

In the event of an emergency, I authorize CDA or its agents to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child's immediate care and agree that I will be responsible for payment of all hospital and medical charges which are incurred. I recognize and acknowledge that CDA or its agents will not be responsible for honoring specific hospital or healthcare provider preferences.

I hereby give CDA the absolute right and permission to use my and/or my minor child's name, image, interview, performance or other auditory or visual image as a CDA participant and copyright and/or publish, or use pictures, or videotapes, of me and/or my minor child of which the inclusion is in whole or in part, made through any media or Internet website at its studios or elsewhere, for research, education, advertising, trade or any other lawful purpose whatsoever whether taken in the classroom, prior to, or after class, at a Studio event, or a dance performance, dress rehearsal, or dance recital and whether these events are within, pre, or post the enrolled semester. I hereby waive any right that I may have to inspect and/or approve the finished product that may be used in connection therewith, or the use to which it may be applied.

I have read and fully understand the above Waiver and Release of All Claims and Permission to Secure Treatment.

Signature of **Parent/Guardian** for participants under 18 years of age Date
Participant signature if over 18

Printed **Student** Name / /
Birth Date of Student

TUITION & PAYMENT AUTHORIZATION

Preferred Credit/Debit Card:

_____ VISA _____ MasterCard _____ Discover

Tuition is due on the 23rd of each month for the following month. Credit/Debit Cards will be charged at that time. It is your responsibility to keep your credit/bank card number and expiration date current. We will attempt to contact you of any problems, but late fees will incur if we are unable to process your card by the 8th of each month.

ALL INFORMATION WILL BE KEPT SECURE AND CONFIDENTIAL

Card Holder Name (as it appears on card):

Billing Address (if different than primary address):

Card #: _____ - _____ - _____ - _____

Exp. Date: _____ CCV: _____



Credit/Debit Payment Authorization

I hereby authorize California Dance Academy to charge my credit card for tuition or other charges (performance fees, costumes, registration, etc.) incurred by my family's participation in classes at the Academy. If classes are added after registration, the amount will be adjusted accordingly. I understand that the debit/credit card transaction will occur on the 23rd of the prior month for all enrolled classes. I understand that all drops or withdrawals must be made in writing prior to that time. Families are responsible for all class fees regardless of attendance.

Signature: _____

STUDENT'S NAME _____

I have received a copy of the 2011 – 2012 policies and current class schedule. I understand that it is my responsibility to read and follow all policies stated therein as well as any and all information posted on the California Dance Academy website and emails as well as all rules and policies which, through necessity, may be instituted throughout the year.

(Parent's Signature)

(Student's Signature)

SOME IMPORTANT REMINDERS: (please initial all)

_____ **LATE RULE:** Students must be on time for class – no one will be admitted to class if they are more than 10 minutes late to class. We suggest you arrive 10 minutes prior to your class to have time to change, stretch and prepare for the class.

_____ **THERE ARE NO REFUNDS, CREDITS OR EXTENSIONS** given for classes missed, except in the case of injury or prolonged illness (doctor's note required).

_____ **MAKE-UP** classes are available for currently enrolled students whose tuition and other studio payments are current. Make-ups must be taken **within 4 weeks** of class(es) missed, are subject to space availability, and will be taken in a class other than the class missed. Make-up classes are completely optional. Please see front desk to schedule all make up classes. There are no make-ups for a missed make-up. No refunds will be given if your dancer cannot attend any make-up classes.

_____ **DRESS CODE** must be adhered to at all times, including hair. Please wear street clothes over your dancewear when outside of the studio. Street shoes must be worn to and from the studio. **No dance shoes outside.**

_____ **APPROPRIATE BEHAVIOR** is expected at all times, towards the CDA staff, other students and any and all visitors to the studio. CDA reserves the right to dismiss those not adhering to this policy.

_____ **A WRITTEN DROP/WITHDRAWAL FORM** must be filled out and given to the office staff on the 23rd, one week prior to the start of the following month. Families are responsible for all enrolled class fees regardless of attendance.

_____ **TUITION DUE DATE & LATE FEE:** Tuition is due on the 23rd of each month for the following month. I understand that the debit/credit card transaction will occur on the 23rd for all enrolled classes. I understand that all drops or withdrawal requests must be received in writing by the 23rd of the prior month, and that no refunds are given once payment has been received. If, for whatever reason, we have not received payment eight days after the start of the session, a **late fee of \$15** will be assessed.

_____ **PARENTS' RESPONSIBILITY TO BE AWARE OF DATES AND EVENTS:** It is the responsibility of the parent or adult student to be aware of the school activities such as recitals and dates the school is open and closed. The school will post notices online and through the email mailing list. If students wish to participate in Nutcracker or Spring Recital, it is the parent or adult students' responsibility to be aware of all applicable dates and deadlines. It is the Parent or adult students' responsibility to take care of all fees related to these events. It is also the responsibility of the parent or adult student to inform the school of any address, telephone and/or email change.

_____ **CHILD PICK-UP:** Please pick up your child after their class or classes have been completed. Please do not leave your child at California Dance Academy any longer than **ten minutes** after their class schedule has finished. **THANK YOU.**