

Alton Dance Academy Registration Form

DancerName(s): _____ DOB: _____

Parent/Guardian (include all) Name(s): _____

E-mail (required): _____

Address: _____

Primary Phone: _____ Secondary: _____

Person(s) picking up/ dropping off student(s): _____

_____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Relationship to Dancer: _____

Medical/Physical Limitations _____

e.g., allergies, joint pain,

asthma, learning disabilities

This information is correct to the best of my knowledge, and I will keep the Director/Instructor apprised of any and all changes to the above information. My child has permission to take part in all prescribed activities and permission is granted for pictures taken of my son/daughter during class to be displayed in the studio and/or in local papers.

Liability Disclaimer (sign below)

Please be advised that dance is a physical activity, and injuries may occur. Students can choose not to participate in any activity that they feel may be harmful. Ashley Dowling, The Alton Dance Academy, employees and its independent contractors, and property owners are not liable for losses, damages and injuries. Please advise instructor of any limitations. I acknowledge that congregating in groups can lead to contracting communicable diseases including but not limited to: COVID-19, GI or respiratory illnesses. Our illness prevention policy is available on our website.

I understand that any missed classes (not limited to vacation, illness, extra-curricular activities) and can be made up in another class. If our business is mandated to shut down a remote learning plan will be instituted, and tuition will not be adjusted. Tuition is non-refundable, and due by the 7th of the month in full, or a \$10.00 late fee is added to my account. If not received by the 15th of the month an additional \$5.00 fee is assessed. Payments later than a month occur a \$30.00 fee (total). If at any time I decide that dance is not for me, I must fulfill my financial obligation to the Alton Dance Academy or I will be fully responsible for legal fees required by the Alton Dance Academy for my past expenses (tuition, late fees, costuming) If no notice of discontinuation of classes is made by 15 days (by phone, letter or email) I will be responsible for the fees that have incurred on my account.

I have read & understand the packet.

Parent/Guardian Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Payment methods: Cash, credit card, Check (payable to Alton Dance Academy), secure studio drop box on boutique door, online at altondanceacademy.com >make a payment. Mail to **Alton Dance Academy, P.O. Box 261, Alton, NH 03809**

Student(s) Name: _____

Parent: _____

Tuition Monthly: _____

Discount: _____

Classes: _____

Registration:

September:

October:

November:

December:

January:

February:

March:

April:

May:

June:

Costume:

Costume Balance: