



Performing Arts Academy

4400 Lewis St.

Middletown, OH 45044

513-594-7242

DANCE REGISTRATION FORM ~ ENROLLMENT FOR FALL 2017

STUDENT NAME _____

BIRTH DATE _____ M _____ F _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN _____

MOM'S PHONE _____ DAD'S PHONE _____

STUDENT'S SCHOOL _____ GRADE _____

EMAIL ADDRESS: _____

Classes begin September 11. Dress rehearsal December 15. Performance December 16.

Monday

_____ 4:30-5:15 age 8-10 (\$120)
Ballet & Contemporary Dance

_____ 5:30-6:00 age 3 and 4 (\$80)
Creative Movement

_____ 6:15-7:00 age 5-7 (\$120)
Ballet & Contemporary Dance

_____ 7:15-8:15 Adult Dance Class (\$160)
Ballet/Contemporary/Line Dancing!

Tuesday

_____ 4:30-5:30 age 11-13 (\$160)
Ballet & Contemporary Dance

_____ 7:40-8:45 age 14-18 (\$160)
Ballet & Contemporary Dance

Wednesday

_____ 1:00 – 1:30 age 3-5 (\$80)
Rhythm Work and Tap Dance

_____ 1:45 – 2:30 age 6-8 (\$120)
Rhythm Work and Tap Dance

_____ 3:00 – 4:00 age 14-18 (\$160) ~ Tap Dance

_____ 4:15 – 5:00 age 8-10 (\$120) ~ Tap Dance

_____ 5:15 – 5:45 age 5-7 (\$120) ~ Tap Dance

_____ 6:00 – 6:45 ages 11-13 (\$120) ~ Tap Dance

_____ 7:00 – 7:45 Teen/Adult (\$120) ~ Tap Dance

Thursday

_____ 4:30-5:30 age 5-11 (\$160)
Boys only Contemporary Dance

_____ 7:40-8:45 age 12-18 (\$160)
Boys only Contemporary Dance

I HAVE READ AND AGREE TO ABIDE BY THE POLICIES STATED IN THIS PACKET.

PARENT OR GUARDIAN _____

PLEASE READ CAREFULLY. This policy will be followed

GUIDELINES for BEHAVIOR

Behavior: If a child is having behavioral issues at classes, PAA reserves the right to request that a parent attend all classes with the child. In extreme cases, PAA reserves the right to remove the child from the class if he or she is unable to behave appropriately at class time. PAA has a zero tolerance policy with respect to inappropriate language or bullying in any form.

Has your child been diagnosed with ADD, ADHD or Autism? _____ yes _____ no

If yes, please speak confidentially with the Director if your child is ADD, ADHD, etc. This will assist us in working with your child. Please list any medication your child is taking: _____

**The Performing Arts Academy Fall 2017 Season
Medical Authorization
Release of Liability
Release and Authorization to use student's image**

The release and treatment authorizations must be signed by the parent or guardian of The Performing Arts Academy (PAA) student. These sections of this form must be completed for each student and on file to participate in PAA.

Student _____ Age: _____ Date of Birth: __/__/__

Parent/Guardian: _____

Cell Phone: _____

By my signatures below, under Sections A, B, and C, I signify that I have read, understand and agree to the following:

A. Release and Authorization to Use Child's Image

- The PAA may produce or participate in video, motion picture, audio recording, Web page, or still photograph productions, broadcasting, and/or publication which may involve the use of children's names, likenesses, or voices. Such productions will be used for non-commercial educational, exhibition, promotional, advertising. Or other purposes by PAA and will not be sold other than to members for their private, non-commercial use. Such productions may be copied, copyrighted, edited, and distributed by the PAA in the manner described above.
- I understand and agree that my and/or my child's name, likeness, or voice may be used in the manner described above, and grant PAA the right to use and reuse, in any manner at all, the DVD, video, motion picture, audio recording, Web page, or still photograph productions, broadcasts, and/or publications as described above. I here-by forever release and discharge PAA from any and all claims, actions and demands arising out of or in connection with the use of said DVD, video, motion picture, audio recording, Web page, or still photograph, including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefits of the assigns, licensees and legal representatives of PAA. As well as the party(ies) for whom PAA took the DVD, video, motion picture, audio recording, Web page or still photograph.
- I represent that I have read the foregoing, fully and completely understand the contents hereof, and hereby give my consent.

Parent/Guardian: _____ Date: _____
(signature)

B. Release of Liability

- In consideration of the PAA, granting the participant permission to participate in PAA, I hereby assume all risks of personal injury (including death) and property damage that may result from any PAA activity.
- As parent/guardian, I do hereby release and agree to indemnify, defend, and hold harmless all entities and organization associated with PAA and their employees, officials and agents, and all participants in the PAA program, including but not limited to the PAA from and against all liability, including claims and suits at law or in equity, for damages or injury, fatal or otherwise, which may result from the participant taking part in PAA activities.

Parent/Guardian: _____ Date: _____

C. Certification, Insurance, and Medical Authorization

I certify that the student is physically able to participate in PAA activities. In the event of illness or bodily injury, as parent/guardian, I grant my authorization and consent for PAA staff, volunteers, or board members (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the participant. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

- I agree to assume financial responsibility for all expenses of such care. I hereby authorize my insurance company to pay benefits for costs of such treatment. I further authorize the disclosure of medical information to my insurance company for the purpose of any claim.

- It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Each participant must provide his/her own medical insurance.

As parent/guardian, I understand that I am responsible for any medical or other charges related to participation in the PAA activities.

Allergies: (please list all allergies)

Are you allergic to nuts? _____ yes _____ no

Other Medical Conditions/Problems? Physical Limitations:

Current Medications: _____

Primary Emergency Contact: _____

Cell Phone: _____ Relationship: _____

Secondary Emergency Contact: _____

Cell Phone: _____ Relationship: _____

Parent/Guardian: _____ Date: _____

(Signature)