

Belle Academy of Dance, LLC

www.belleacademydance.com

563-324-7330

(2 pages – please print front and back of one paper)

2115 Belle Ave. Davenport, IA 52803

REGISTRATION

Student's Name (last name first) _____ Age _____ Birth Date _____

Mother's Name _____ Father's Name _____

Home Address _____ City, State & Zip _____

Home Phone (_____) _____ Work Phone (_____) _____ Name _____

Cell Ph #1(_____) _____ Name _____ Cell Ph #2(_____) _____ Name _____

Emergency Number (_____) _____ Emergency Contact _____

(Please print carefully) Email #1 _____ Whose? _____

Email #2 _____ Whose? _____

Classes you are registering for (check all that apply):

Combination (ages 3-6) _____ Ballet _____ Pointe _____ Tap _____ Jazz _____

Variations _____ Modern _____ Drama _____ Hip Hop _____ Other _____

List any previous dance training: _____

How did you hear about Belle Academy? _____

TUITION PAYMENTS

The *discounted* early payment tuition must be received *no later than the 10th of the month*. The full, non-discounted tuition is payable after the 10th. All fees must be paid up-to-date to receive costumes or to purchase performance tickets. \$20.00 non-refundable registration fee for initial new-student registration (\$35 family rate). \$25 charge for checks returned due to non-sufficient funds. One month's written notice from the first of the month is necessary to discontinue tuition charges.

I have thoroughly read, understand, and will abide by the policies concerning tuition, costume payment, and other policies of Belle Academy of Dance, L.L.C. as explained in the policies brochure.

Signature of parent, student (over 18), or guardian: _____

Date _____

INTERESTS

Student's interests outside of dance _____

Parents, what hobbies or expertise do you have that you would be willing to share with the Academy such as photography, computers, building websites, crafts, sewing, scrapbooking, theatre arts, or home repair? _____

Parents, are you willing and able to distribute marketing material about Belle Academy of Dance, L.L.C. at your place of work or in organizations in which you have membership? _____

STUDENT MEDICAL INFORMATION

Student's Full Name _____

Family Physician _____ Phone _____

Student takes the following medication(s) _____

for: _____

Student is allergic to _____

Other medical conditions _____

Medical Insurance Company _____ Phone _____

Policy Number(s) _____

Does the above named student of Belle Academy of Dance, L.L.C. have any medical condition(s) that may be affected by participation in a dance or related activity? ☐ Yes ☐ No *If you answered "yes", you must complete Section 5 of this form. Please request it, if necessary.*

RELEASE AND WAIVER OF LIABILITY

Section 1: Assumption of Risk and Waiver

In consideration and exchange for being permitted to participate in dance classes and performances as a student at Belle Academy of Dance, L.L.C. activities, I agree to all the terms in this document. I understand that there are inherent risks of serious injury or even death possible with dance and dance-related activities. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors and administrators, waive, discharge and release forever any and all liability, and all claims for damages against Belle Academy of Dance, L.L.C., its owners, managers, members, teachers, choreographers, and all employees or independent contractors for any and all injuries and/or losses that I/my son/my daughter/my ward (collectively referred to as "I") may sustain associated with my/my child's participation in Belle Academy of Dance, L.L.C. activities. _____ (Please initial.)

Section 2: Medical Information Release

In consideration of my/my child's participation in a Belle Academy of Dance, L.L.C. activity, and the inherent risks of a dance activity that may result in injury or harm requiring emergency medical treatment, I authorize Belle Academy of Dance, L.L.C., its successors or assigns, members, managers, employees, independent contractors, agents, and/or volunteers to obtain and release to any Belle Academy of Dance, L.L.C. activity personnel (including, but not limited to, organizers, instructors, adjudicators, chaperones), and to any firstaid and safety personnel, medical professionals, and treating medical facility, any information regarding my/my child's medical history, symptoms, treatment, exam results, and/or diagnosis. _____ (Please initial.)

Section 3: Medical Treatment Release

As a dancer over 18 years of age or as a parent or guardian of the above named child, I understand that in the event I/my child becomes ill or injured during a Belle Academy, L.L.C.-sponsored class or activity, the teacher will attempt to contact the parents, nearest relative, or friend at the emergency number listed. If the family cannot be reached, the instructor will, by her discretion, arrange emergency medical attention for the student. **Payment for such emergency care and any post-care shall be the responsibility of the parents or dancer.** _____ (Please initial.)

Section 4: Photograph Release

I allow Belle Academy of Dance, L.L.C. to use photographs of me/my child in advertising, promotional materials, performance programs, internet website, etc. _____ (Please initial.)

This RELEASE AND WAIVER is a legally binding agreement and will be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. Any provisions found to be void or unenforceable shall be severed from this agreement, and not affect the validity or enforceability of any other provisions.

I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENT. I UNDERSTAND THAT BY SIGNING BELOW, I HAVE GIVEN UP SUBSTANTIAL RIGHTS. I HAVE VOLUNTARILY SIGNED THIS RELEASE. I AGREE THIS DOCUMENT IS NOT ONLY BINDING ON ME BUT WILL ALSO BE BINDING UPON MY PERSONAL REPRESENTATIVES, EXECUTORS, HEIRS AND NEXT OF KIN.

Parent/Guardian Signature (if student is a minor) _____

Date _____

Student Signature (if age 18 or older) _____ Date _____