



5129 West Chester Pike Newtown Square, PA 19073
 610-325-2003 ♥ angelabatesdanceacademy.com

2016-2017 Registration Form

Please complete both sides of this Registration Form return to the studio or mail along with registration fee and tuition payment. Please submit one form per student. No student will be permitted to take class without a signed registration form and waiver. Contact us if you have any questions.

Student First/Last Name: _____ Birth date: _____ Age: _____

Are there any health concerns or allergies the studio and staff should be aware of?

No Yes

If yes, please explain: _____

Mother's First/Last Name: _____ Father's First/Last Name: _____

Mother's Cell: _____ Father's Cell: _____

Mother's Email: _____ Father's Email: _____

Student's Cell: _____ Students Email: _____

Home Street/Mailing Address: _____

City: _____ State: _____ Zip: _____

Emergency Names and Contacts: _____

School: _____ Grade: _____

Previous Dance Training - Studio/Teacher/# of Years: _____

How did you hear about us? _____

Please list all Classes the above names student is Registering (see our website for schedule info)

	Class	Day	Time		Class	Day	Time
1.				6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

Registration Fee and 1st Quarter, Bi-Annual or Annual Tuition payment must be received to hold your place in class. All fees are non-refundable. NOTE: Recital Costume Fees and Costs, which will be due later in the year, are not included in the in the following fees. The Recital Participation Fee is \$65. Costume fees will range from \$55-\$85 per costume.

AMOUNTS DUE	
Total Hours per week	
Quarterly/Bi-Annual/Annual Tuition	\$
Discount (if any)	\$
Registration Fee	\$
Credit card payments add 3%	\$
Total Amount Due	\$

TOTAL AMOUNT ENCLOSED: \$ _____ <i>Please check one</i> <input type="checkbox"/> Checks Payable to "Angela Bates Dance Academy" CHECK # _____ <input type="checkbox"/> Cash – please obtain a receipt. RECEIPT # _____ <input type="checkbox"/> Credit Card (add 3% of total) CC # last 4 DIGITS _____



5129 West Chester Pike Newtown Square, PA 19073
610-325-2003 ♥ angelabatesdanceacademy.com

ABM Productions, LLC and the Angela Bates Dance Academy Liability Waiver and Consent

I, _____, natural parent and/or Guardian of _____(child), hereby acknowledge that certain risks of injury are inherent to participation in these dance related physical activities. These risks and dangers may be either caused by the action, inaction or negligence of the participant and others. There may be other risks not known or reasonably foreseeable at this time. I accept and assume such risks and responsibility for the losses and/or damages following such injury, however caused, and whether caused in whole or in part by the negligence of the named student above. If the student has a temporary restriction (sickness, sprain, soreness, etc.) I will inform the appropriate instructor on a daily basis in writing. I agree that the student and I will abide by the rules, regulations and policies of the Angela Bates Dance Academy ("ABDA"). I consent to the student's participation in ABDA physical programs, classes and activities. Recognizing the possibility of physical injury associated with these programs, classes and activities, and in consideration for ABDA accepting the student for its programs, classes and activities, I hereby release, discharge, indemnify, and hold harmless ABDA, its affiliated organizations, and their employees, teachers/subcontractors and associated personnel from and against any and all claims by or on behalf of the student as a result of the student's participation in the programs, classes and activities.

In my absence, I also request ABDA, through its staff, to obtain emergency medical care in the event that such care is necessary or appropriate in the opinion of the staff for the benefit of the student due to accident or illness. I agree to pay any treatment costs directly to the hospital, physician, or laboratory providing such care upon presentation of the bill to me.

Any disputes regarding the student's participation at ABDA and/or this Waiver shall be governed by the laws of the Commonwealth of Pennsylvania and the Court of Common Pleas of Delaware County, PA shall have exclusive jurisdiction.

Photo/Video Release - I, the undersigned, give permission for ABDA and their staff to photograph/video the above named student during classes or performances to be used for studio displays and promotional material such as all forms of social media.

- Yes, I give ABDA and their staff permission to photograph/video the above named student.
- No, I do NOT give ABDA and their staff permission to photograph/video the above named student.

Parent/Guardian Name Printed: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Student Name Printed: _____ Date: _____

Student Signature: _____ Date: _____
(if over 18)