



5129 West Chester Pike Newtown Square, PA 19073

610-325-2003 ♥ angelabatesdanceacademy.com

## 2019-2020 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 you a current ABDA student? ☐ No (please fill out the info below) ☐ Yes (If the info below is already correctly on file with us, no need to complete the info below. If any info has changed, please fill in the fields that need to be updated)

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 \$50. 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	\$
Total Amount Due	\$

**TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_**

Please check one

\_\_\_\_\_ Checks Payable to "Angela Bates Dance Academy" CHECK # \_\_\_\_\_  
 \_\_\_\_\_ Cash – please obtain a receipt. RECEIPT # \_\_\_\_\_  
 \_\_\_\_\_ On-File Credit Card 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)