



Performing Arts Dance Center

(Traci Marchetta – Owner/Director)
 101 Fairway Drive
 LaPlace, LA 70068
 652-8600

www.performingartsdancecenter.com



♪♪ **PRE-REGISTER NOW – 2019/2020** ♪♪
CLASSES ARE FROM SEPTEMBER – MAY

Register BEFORE MAY 30TH = \$35.00 Registration Fee
Register AFTER MAY 30TH = \$55.00 Registration Fee

Register every Wednesday from 5:00 – 6:00 p.m. in June, July, & August

Student's Name: _____ Age: _____
 Address: _____ City: _____ Zip: _____
 Date of Birth: _____

E-Mail:

Home #: _____ Work: _____
 Mother's Name: _____ Cell # (____) _____
 Father's Name: _____ Cell # (____) _____
 Emergency Contact #: _____ School Attends: _____ Grade: _____

PLEASE FILL OUT YEARS OF DANCE/ACRO – PLEASE DO NOT LEAVE BLANK

Dance Years **COMPLETED** (Not Dance Team or Acro): _____ With: _____
 Acro Years **COMPLETED**: _____ With: _____

PLEASE CHECK THE CLASSES YOUR CHILD IS INTERESTED IN TAKING:

- | | |
|--|--|
| <input type="checkbox"/> Combination Class (Tap & Jazz – Ages 5 & Up) | <input type="checkbox"/> Acro/Gym (Ages 3 & Up) |
| <input type="checkbox"/> Combination Class (Tap & Ballet – Ages 2 - 5) | <input type="checkbox"/> Classical Ballet (Ages 5 & Up) |
| <input type="checkbox"/> Hip Hop Class (Ages 5 & Up) | <input type="checkbox"/> Pointe (Ages 10 & Up) |
| <input type="checkbox"/> Lyrical (ages 5 and up) | <input type="checkbox"/> Musical Theatre/Voice (Ages 5 & Up) |
| | <input type="checkbox"/> Cheer (Ages 5 & Up) |

How did you hear about Performing Arts Dance Center? _____

ALL REGISTRATION FEES ARE NON-REFUNDABLE

(FOR OFFICE USE ONLY)

Registration Fee Paid: Date: _____ Cash \$: _____ Check \$: _____

(OVER)



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WAIVER of LIABILITY FORM

The below is effective June 1st – May 31st 2019/2020

Waiver of Liability

I, _____, (parent/guardian's name) hereby give my child, _____, (child's name) permission to dance at the Performing Arts Dance Center. I waive the right to any legal action against Performing Arts Dance Center for any injury sustained on studio property or at any Performing Arts Dance Center event. I understand that I am enrolling my child in a program of physical activity and have agreed that my student is in good physical condition and does not suffer from any disability that would prevent or limit participation in this program.

Insurance: Performing Arts Dance Center does not carry medical insurance for its students. It is required that all students are covered by their own family insurance policies and if injury occurs, it is understood that the student's own policy is your only source of reimbursement.

Medical Release Form

I, _____ (parent/guardian's name) hereby give permission for any and all medical attention to be administered to my child, _____ (child's name), in the event of accident, injury, sickness, etc. I also assume the responsibility for the payment of any such treatment.

Known Allergies: _____

Photo Release Form & Agreements

I give full rights to the Performing Arts Dance Center and its staff to use photos and video images of me or my child to use for promotional purposes of the Performing Arts Dance Center only. Photos and videos will be used in brochures, websites, advertisements, and other promotional material created by the studio. Photos may appear with or without names in press releases and other print advertising. I have read, understand and agree to the above stated waiver of liability, medical and photo releases. I have also read and understand the Performing Arts Dance Center policies and information. I understand I will be held responsible for all tuition, registration fee, costume payments, recital fees, and late fees and in the event that my child needs to drop out of the program, I will not receive any reimbursement.

Parent's Printed Name: _____

Parent's Signature: _____ **Date:** _____