

Cottage Dance Academy

Student Registration Form

Data/Email Entered _____ Welcome letter _____

Name: _____ Date of Registration: _____

Student Age/Birthdate: _____ / _____ Over 18? Yes No

Address: _____ Phone Number: _____

Email: _____

Emergency Contact/Parent Name(s): _____

Phone Number: _____ Email: _____

Preferred Contact Method: Phone Email

***Please note that the majority of studio notifications will be sent via email**

Enrollment Information: ****If you would like to enroll in AUTO PAY, please complete form on back****

CLASS(ES) IF "UNLIMITED", INDICATE BELOW	MONTHLY RATE	FAMILY DISCOUNT (5%)	TOTAL AFTER DISC.	OVER 18 CLASS CARD	CASH	CHECK (#)	CREDIT CARD	NOTES:
CALCULATED TOTAL ↘	<input type="text"/>	<input type="text"/>			<input type="text"/>			

Waiver of Claim and Release of Liability:

I/We realize that participation in dance classes and activities at Cottage Dance Academy could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces at Cottage Dance Academy.

I/We assume all risks of participation including, but not limited to, onsite, online (remote learning) and offsite activities. I/We agree to release and hold harmless Cottage Dance Academy, including its teachers, dancers, staff members, volunteers, directors and facilities used by both entities from any cause of action, claims, or demands, as a result of my/our participation in any activity of any type with Cottage Dance Academy. I/We will not hold Cottage Dance Academy liable for any personal injury or any personal property damage, which may occur on or off the premises before, during or after classes.

I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to any facilities utilized by Cottage Dance Academy. I/We hereby grant and convey unto Cottage Dance Academy all right, title and interest in any and all photographic images and video or audio recordings made during the undersigned's participation in Cottage Dance Academy activities.

I/We acknowledge the contagious nature of COVID-19 and other diseases and viruses and voluntarily assume the risk that I/we may be exposed to or infected by COVID-19 or other contagions by attending and participating in classes and activities and that such exposure or infection may result in personal injury, illness and/or permanent disability. I/We choose to participate and assume the above-stated risks.

By signing below, I confirm I have read, and agree, to the terms and conditions of participation.

Dancer/Parent or Guardian Signature (if under 18, Parent/Guardian must sign): _____ **Date:** _____

Monthly Auto Pay Authorization:

I grant authorization to Cottage Dance Academy for processing automatic monthly tuition payments as indicated below for the _____ school year. If payment arrangements need to be altered, I agree to notify Cottage Dance Academy of changes. The office at Cottage Dance Academy agrees to keep the information below safely protected and to limit access to the information to authorized personnel only. At the end of the school year session (June) this protected information will be destroyed and thus will need to be updated for future sessions.

Name on Card: _____
Card Number: _____
Expiration Date: _____ CCV Code: _____
ZIP CODE: _____
Student's Name: _____
Montly Tuition Amount to be processed: _____
Cardholder's Signature: _____
Date: _____

Processed By: _____

Date: _____

UPDATED INFORMATION/NOTES:
