



FALL/SPRING REGISTRATION FORM 2020-2021

Please print all information clearly (Updated: 19 Aug 20)

Dancer's Name		Date of Birth	
Parent's/Guardian's Name		Parent/ Guardian Name	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone Number		Cell Phone Number	
Email Address		Email Address	
Address		Address (If different from address listed)	
City, State Zip Code		City, State Zip Code	

ALTERNATE EMERGENCY CONTACTS

Primary Emergency Contact		Secondary Emergency Contact	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone Number		Cell Phone Number	
Email Address		Email Address	

MEDICAL INFORMATION

Please list any Allergies, Special Health Conditions and/or Medications

Waiver of Liability Statement

I, the undersigned parent or legal guardian of the student(s) herein, do hereby give permission for the aforementioned student(s) to participate in any and all classes and/or events offered by or attended by Leonard's Academy of Dance & Centre for the Arts. I accept all risks associated with that participation and understand that there is a full possibility of serious physical injury. In case of physical injury or medical emergency, I hereby authorize Leonard's Academy of Dance & Centre for the Arts to make necessary arrangements to transport me or my child to a medical treatment facility as necessary. All such transportation and medical treatment will be at my sole cost and expense. In extreme emergency, or if I am under 18 years of age, I understand that Leonard's Academy of Dance & Centre for the Arts will attempt to notify the person(s) I have named above as my emergency contact(s) of my condition and how to reach me.

Parent/Guardian Signature (also please complete & sign back page)

Date

FOR OFFICE USE ONLY

Tuition Amount

NO. of Classes

Grade

School Attending



Registered Classes and Schedule 2020-2021

Student Name _____ **DOB** _____ **Age:** _____

CLASS	DAY	TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANNUAL REGISTRATION FEE \$ _____

MONTHLY TUITION FEE \$ _____

COMPETITION MEMBERSHIP FEE \$ _____ **(if applicable)**

We, the staff at Leonard's Academy of Dance & Centre for the Arts (LAD), recognize our obligation to make sure our students and their parents are aware of the risks and hazards involved in the sport of dance. By signing this waiver, you release Leonard's Academy of Dance & Centre for the Arts' instructors and staff from all claims and liability of any injury or illness which may be sustained by your child while attending any classes, events, or outside performances associated with Leonard's Academy of Dance & Centre for the Arts. In signing this waiver, you also acknowledge your responsibility in paying monthly tuition, any associated costume fees, entry fees for performances or competitions and/or any other communicated costs involved. Furthermore, you are fully aware that late fees will be assessed and enforced should tuition and/or other related costs are not received by scheduled due dates. You acknowledge that payment for classes is required for the classes unattended until cancellation is received in writing. Make-up classes are not provided when absences are not the fault of Leonard's Academy of Dance & Centre for the Arts. You further acknowledge that all registration, tuition, competition, recital fees, and costume fees are non-refundable. In addition, you fully understand that all personal photography and videotaping of any kind is strictly prohibited at the Annual Spring Recital Showcase, and that you give full permission for the above-mentioned students photograph and/or video to be taken and used by Leonard's Academy of Dance & Centre for the Arts for the sole purpose of advertisement and promotion to include; television, LAD website, and print media. You also affirm you currently have and will continue to carry proper primary medical, health, hospitalization, and accident insurance you consider adequate for the protection of both yourself and your child. In addition, you understand that all students are required to purchase a Leonard's Academy of Dance Jogging Suit and any related garment(s)/shoes as determined by Leonard's Academy of Dance and any alterations of garments or costumes are the sole responsibility of the student. In addition you understand that all fees and payments are nonrefundable and that LAD may be required to make immediate decisions involving the classes, schedule or closing of the studio for reasons deemed in its best interest and the interest of those we serve until safe to resume.

PARENT SIGNATURE _____ **DATE** _____