

Columbus *DanceArts* Academy

Registration Form

2009 Summer

Name of Dancer: _____ School: _____

Parent/Guardian: _____ Grade: _____

Street Address: _____ Birthdate: _____

City: _____ Zip Code: _____ Home Phone: _____

E-mail (print): _____ Cell Phone: _____

Has this dancer taken classes at CDA in the past? Yes No

Does this dancer have another family member dancing at CDA? Yes No

If yes, please list name(s): _____

	Class (Age, Art Form and Level)	Day	Start Time	Teacher	Office Use		
					5 or 8	Len	Number
Class #1							
Class #2							
Class #3							
Class #4							
Class #5							
Class #6							
Class #7							
Class #8							
Class #9							
Class #10							

Payment Policy Agreement: By signing below, I understand that the tuition payment for 5-week classes is due at the time of registration and tuition payments for 8-week classes are due at the time of registration and then on July 15th. I further understand that I am fully responsible for those tuition payments until I terminate enrollment in a class in writing to the academy office. In addition, I understand that all tuition payments not received within five days of the due date may be assessed a late fee equal to the higher of \$10 or 5% of my unpaid tuition balance per month. Should extraordinary circumstances arise, exceptions to policies can be requested in writing through the academy office.

Liability Waiver: By signing below, I, as guardian or participant, hereby waive and release all claims, liabilities, actions, damages, costs or expenses of any nature whatsoever for injuries the participant might sustain, known or unknown, arising out of the program now or at all times in the future. I recognize and acknowledge there is risk associated with participating in the activities associated with dance instruction and I agree to assume total risk of any such activities connected with Columbus DanceArts dance classes and related activities both on the premises and off site. I agree to indemnify and hold harmless Columbus DanceArts and any instructors and employees associated with the academy from and against any and all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever arising out of or in any way related, directly or indirectly, to dance instruction and related activities.

EMA Form On Back

Authorizing Signature

OFFICE USE:

NB _____ Student # _____ Date _____ 5 Wk Hrs _____
 SS _____ Amt Paid _____ 8 Wk Hrs _____
 DW _____ Tuition _____ Visa MC AD Cash Check _____

Columbus *DanceArts* Academy

Emergency Authorization Form

2009 Summer

Name of Dancer _____

Date: _____

Parent/Guardian _____

Grade: _____

In order to participate in any CDA activity, either Part I or Part II must be filled out a signed

Part I - To Grant Consent

Yes No
(circle one)

I give my consent for the CDA office staff to provide pain relievers (asprin, ibuprofen or acetaminophen) to my child. This does not apply to children under 12 years of age as CDA will not provide any medicines to children under 12. The dosage of pain relievers for my child is not to exceed:

_____ 200/500 mg (1 pill) _____ 400/1000 mg (2 pills)

In the event that reasonable attempts to contact me at _____ **(telephone)** or to contact _____ **(relative or friend)** at _____ **(telephone)** have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by Dr. _____ **(preferred physician)** at _____ **(physician phone)** or Dr. _____ **(preferred dentist)** at _____ **(dentist phone)** or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to _____ **(preferred hospital)** or any hospital reasonably accessible. This authorization does not cover major surgery unless the opinions of two licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery. Reasonable on-going attempts to contact one of the above people will continue throughout the treatment.

Please list facts concerning the minor's medical history including but not limited to allergies, medications and any physical impairments to which a physician should be alerted.

Signature of Parent or Guardian (Part I only)

Date

Part II - Refusal to Consent (DO NOT FILL OUT PART II if you have filled out Part I)

I do NOT give my consent for emergency medical treatment of my child. In the even of illness or injury requiring emergency treatment, I wish Columbus DanceArts Academy to take no action or:

Signature of Parent or Guardian (Part II only)

Date
