

*Dance Central performing arts, LLC*  
*Registration/Rules and Regulations Acceptance Form*

STUDENT'S NAME: \_\_\_\_\_

STUDENT'S AGE/DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

STUDENT'S CELL PHONE: \_\_\_\_\_

STUDENT'S E-MAIL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

PARENT'S CELL PHONE: \_\_\_\_\_

PARENT'S E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

**I HAVE READ, UNDERSTOOD AND AGREE TO FULLY COMPLY WITH THE CONTRACT AND POLICIES OF DANCE CENTRAL:**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**I GIVE PERMISSION TO USE MY CHILD'S PICTURE ON ALL DCPA MARKETING MATERIAL (NO NAMES WILL EVER BE USED):**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**I UNDERSTAND AND AGREE TO COMPLY WITH THE DCPA DRESS CODE:**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**I AM FULLY AWARE AND UNDERSTAND THAT A COSTUME WILL BE ORDERED FOR MY CHILD AS OF NOV. 1<sup>ST</sup>.. THERE IS A \$50.00 PER COSTUME DEPOSIT DUE AT THAT TIME. THE BALANCE IS DUE BY APRIL 1<sup>ST</sup>**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**I AGREE THAT THE DAY OF THE RECITAL MY CHILD WILL BE SIGNED IN AT THE SECURITY DESK, AND WILL REMAIN BACKSTAGE WITH THE DCPA STAFF UNTIL AFTER THE FINALE.**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**TUITION IS DUE BI-MONTHLY. I UNDERSTAND THAT IT IS DUE BY THE 10<sup>TH</sup> OF THE MONTH. PLEASE CONSULT YOUR CONTRACT FOR DATES AND AMOUNTS DUE. I AGREE THAT IF TUITION IS NOT PAID ON TIME, I WILL BE RESPONSIBLE FOR A \$30.00 LATE PAYMENT FEE.**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**I, THE UNDERSIGNED, RECOGNIZE THE RISKS IN THE COURSE OF INSTRUCTION IN DANCE AND I AGREE TO INDEMNIFY AND HOLD HARMLESS DANCE CENTRAL PERFORMING ARTS, LLC, OR ITS AGENTS AND EMPLOYEES IN THE EVENT THAT MY CHILD(EN) SUFFER INJURY OR DAMAGES WHILE UNDERTAKING THE COURSE OF INSTRUCTION.**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_ Effective 8/2016