

LITCHFIELD DANCE ARTS ACADEMY 2011-2012

APPLICATION FOR ADMISSION

PLEASE COMPLETE TOP HALF OF APPLICATION

ACCOUNT # (OFFICE USE) _____

Date ____/____/____ How did you hear about us? _____ **2011-2012 will be my** ____ **year at LDAA**
Month Day Year

Students LAST NAME _____ FIRST NAME _____
Student's DOB _____ AGE _____ Female/Male _____

ADDRESS _____
Street address city state zip code
Student's Academic SCHOOL _____ Grade _____

Mother's NAME _____ EMPLOYMENT _____
EMAIL HOME _____ Email WORK _____
ADDRESS _____
Street address city state zip code
Home PHONE _____ Work PHONE _____ CELL _____

Father's NAME _____ EMPLOYMENT _____
Email HOME _____ Email WORK _____
ADDRESS _____
Street address city state zip code
Home PHONE _____ Work PHONE _____ CELL _____

Please indicate Billing contact: _____

To be completed by Front Desk Staff

CLASS	DAY	TIME	# HOURS	INSTRUCTOR
1. _____	DAY _____	TIME _____	#HRS _____	INSTRUCTOR _____
2. _____	DAY _____	TIME _____	#HRS _____	INSTRUCTOR _____
3. _____	DAY _____	TIME _____	#HRS _____	INSTRUCTOR _____
4. _____	DAY _____	TIME _____	#HRS _____	INSTRUCTOR _____
5. _____	DAY _____	TIME _____	#HRS _____	INSTRUCTOR _____
6. _____	DAY _____	TIME _____	# HRS _____	INSTRUCTOR _____
7. _____	DAY _____	TIME _____	#HRS _____	INSTRUCTOR _____
8. _____	DAY _____	TIME _____	#HRS _____	INSTRUCTOR _____
9. _____	DAY _____	TIME _____	#HRS _____	INSTRUCTOR _____
10. _____	DAY _____	TIME _____	#HRS _____	INSTRUCTOR _____

TOTAL HOURS per week _____

COMPANY Monthly\$ _____

REGISTRATION / PAYMENT Please circle information

REGISTRATION FEE* 30.00/\$25 if returning from 2010-2011

TOTAL PAID _____

YEARBOOK FEE* 20.00

DATE PAID _____

CHECK# _____ CREDITCARD _____

MONTHLY TUITION _____

CASH _____ RECEIPT# _____

*NON-REFUNDABLE

SEE BACK OF THIS PAGE TO RECORD ANY OTHER PAYMENTS MADE FOR THIS STUDENT.

WAIVER / RELEASE FORM
Litchfield Dance Arts Academy 2011-2012

Dance Student Membership, Agreement and Information

A. In consideration of my membership at Litchfield Dance Arts Academy, Inc., my participation in Litchfield Dance Art's classes, events and activities, I agree to be bound by each of the following:

1. **Eligibility:** I agree to comply with the rules and policies of Litchfield Dance Arts Academy.
2. **Readiness to Participate:** I will participate in those Litchfield Dance Arts classes, events and activities for which I believe I am physically prepared. Prior to participation I will have prepared and practiced skills that I will perform.
3. **Medical Assistance:** I hereby give my consent to Litchfield Dance Arts Academy and/or the Host Organization to provide, through medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation.
4. **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury and paralysis and even death as well as other damages and losses associated with participation in dance/gymnastics activities and events.

I further agree that Litchfield Dance Arts Academy, Inc and the sponsor of any Litchfield Dance Arts event, along with the employees, agents, officers and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

B. PERMISSION TO PHOTOGRAPH CHILD: I give Litchfield Dance Arts Academy permission to photograph my child for marketing, personal dance photos or to sell to parents.

I hereby agree that the photographer can publish any and all photographs on the photographer's website and any media used for marketing by the photographer and/or Litchfield Dance Arts Academy.

C. I am a citizen of the US. Yes ___ No___ Signature of Dancer _____

For any dance student who is not 18 years of age:

As legal parent or guardian of this student, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions and activities conducted by Litchfield Dance Arts Academy, Inc. And I have read, understand and agree to the terms and conditions of the Waiver/Release Form and have received a copy of same.

Original signatures required (photocopies or facsimiles not acceptable)

Printed name of Parent / Guardian:

Signature of Parent / Guardian

Date: ___ / ___ / ___

HEALTH AND INSURANCE INFORMATION 2011-2012

STUDENT NAME _____

**EMERGENCY CONTACT:
(OTHER THAN PARENT)**

_____ Name

_____ Relation

_____ Telephone

_____ Address

_____ City

_____ State

_____ Zip Code

MEDICAL CONDITIONS /MEDICATIONS/ INJURIES WE SHOULD BE AWARE OF:

ALLERGIES _____

I am covered by primary health/medical/accident insurance through:

_____ Insurance Company

_____ Policy Number

_____ Doctor

_____ Phone

_____ Address

_____ Hospital

_____ Location

PERMISSION

PERMISSION TO TREAT CHILD: I give Litchfield Dance Arts Academy staff permission to treat my child in case of minor injuries. Parent/Guardian Signature _____ Date _____

Agreement

We, _____ & _____
Parent Student

are fully aware and understand all the policies of Litchfield Dance Arts Academy.
We are hereby agreeing to uphold and abide by these policies with the utmost respect
for the director, staff, instructors, fellow students and their parents.

Parent signature / date

Student signature / date