

Pre-Registration fee* - **\$30** per student
(*if paid before July 1st, 2026)
Registration fee - **\$40** per student

Office Use Only:

Pd. Registration: _____ Date: _____

Pd. Tuition: _____

Total Paid: \$ _____ Cash _____ Check # _____ CC _____

Premier Dance of Ocala 2026-2027 Class Registration

3650 NE 25th Street, Ocala, FL 34470 Premierdanceofocala@gmail.com 352-732-2030

STUDENT INFORMATION:

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Parents/Guardians: _____

Email: _____

Best phone number: _____ (mom/dad/guardian/student)

Alternate phone number: _____ (mom/dad/guardian/student)

What days and times work best for you? _____

Please check the types of classes your child is interested in:

- | | |
|-------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Ballet | <input type="checkbox"/> Contemporary (7 & up) |
| <input type="checkbox"/> Pointe (upon approval) | <input type="checkbox"/> Lyrical/Jazz Combo |
| <input type="checkbox"/> Lyrical | <input type="checkbox"/> Ballet/Jazz Combo |
| <input type="checkbox"/> Jazz | <input type="checkbox"/> Latin Jazz |
| <input type="checkbox"/> Tap | <input type="checkbox"/> Stretch & Core |
| <input type="checkbox"/> Hip Hop | <input type="checkbox"/> Future Stars (1-3) |
| <input type="checkbox"/> Acrobatics | <input type="checkbox"/> Tiny Tot (Ballet/Tap ages 3-5) |
| <input type="checkbox"/> Leaps & Turns | <input type="checkbox"/> Tiny Tot Tumbler (ages 3-5) |
| <input type="checkbox"/> Musical Theater | <input type="checkbox"/> Tiny Tot Hip Hop (ages 3-5) |

Age Levels:

- Future Stars: 1-3
- Tiny Tot: 3-5
- Mini: 5-7
- Junior: 7-9
- Teen: 9-13
- Senior: 14 and up

Acknowledgment, Waiver, Release, and Photo Release

I/We, the undersigned parent(s)/guardian(s) voluntarily and knowingly execute this acknowledgment, waiver, and release with the express intention of extinguishing obligations, claims, or causes of action as herein set forth.

I/We desire and have requested the services normally provided by Premier Dance of Ocala, said services being in the form of dance instruction, dance classes, and related activities, in which I/we wish to enroll, my/our child(ren), to be enrolled during the 2026-2027 dance instruction program year.

I/We acknowledge that I/we fully understand that there may be some risk of injury involved in the activities related to the dance instruction program, and the providing of the aforesaid services by Premier Dance of Ocala, it's officers, directors, employees, appointees, agents or volunteers from any and all injuries, claims, or causes of action whatsoever resulting from or arising out of or during the above described dance instruction program and related services rendered by Premier Dance of Ocala.

I/We acknowledge that Premier Dance of Ocala has my permission to publish my child's photograph for use in the media or on the website to help promote the studio.

It is my/our intention that this release be binding upon my/our heirs, legal representative, and assigns, and that its coverage extends to the officers, directors, employees, appointees, agents, and volunteers of Premier Dance of Ocala.

I/We understand that all payments are non-refundable, and it is my responsibility to keep my account up to date. If an account falls more than 30 days behind, my child may not participate in class and balances may be forfeited to a collection agency.

Covid-19

I acknowledge the contagious nature of COVID-19 and the other contagious diseases and viruses and voluntarily assume the risk that I and/or my children may be exposed to or infected by COVID -19 by attending and participating in classes/activities at Premier Dance of Ocala, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID -19 and other contagious diseases and viruses may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and program participants, and their families.

If my child is showing any symptoms associated with COVID-19, they will be sent home immediately. Please list below the name and number of an emergency contact that will be picking up your child if they are showing symptoms.

Parent/Guardian: _____

Date: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____