



PREMIER DANCE OF OCALA
Summer Class Registration 2026

Classes will be held Tuesday, Wednesday, and Thursday of the following weeks:
June 15-19 and 22-26
July 6-10, 13-17, 20-24

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 age level:

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

Please check payment option:

(Due first day of class)

- \$250 June and July unlimited classes
- \$150 June Unlimited classes
- \$175 July Unlimited classes
- Future Stars -\$40 (total for all 5 weeks)
- \$10 per class – pay as you go
(Due at the beginning of each class)

Please check classes you are interested in:

- | | |
|---|--|
| <input type="checkbox"/> Future Stars | <input type="checkbox"/> Tap |
| <input type="checkbox"/> Tiny Tots Ballet/Tap | <input type="checkbox"/> Flex & Core |
| <input type="checkbox"/> Tiny Tots Hip Hop | <input type="checkbox"/> Turns & Leaps |
| <input type="checkbox"/> Tiny Tots Acro | <input type="checkbox"/> Acrobatics |
| <input type="checkbox"/> Ballet | <input type="checkbox"/> Jazz |
| <input type="checkbox"/> Lyrical | <input type="checkbox"/> Hip Hop |
| | <input type="checkbox"/> Latin Jazz |

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 extend 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: _____