

Pre-Registration fee* - **\$30** per student
(*if paid before July 1st, 2023)
Registration fee - **\$40** per student

<u>Office Use Only:</u>	
Pd. Registration: _____	Date: _____
Pd. Tuition: _____	
Total Paid: \$ _____	Cash _____ Check # _____ CC _____

Premier Dance of Ocala 2023-2024 Class Registration

3650 NE 25th Street Ocala, FL 34470 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:

Ballet

Leaps & Turns

Pointe (upon approval)

Contemporary (7 & up)

Lyrical

Lyrical/Jazz Combo

Jazz

Ballet/Jazz Combo

Tap

Latin Jazz

Hip Hop

Flex & Core

Silks/Hoops (7 & up)

Future Stars (1-3)

Acrobatics

Tiny Tot (Ballet/Tap ages 3-5)

Musical Theater

Tiny Tot Tumbler (ages 3-5)

Tiny Tot Hip Hop (ages 3-5)

Age Levels:

Future Stars: 1-3

Tiny Tot : 3-5

Mini: 5-7

Teen: 9-13

Junior: 7-9

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 2023-2024 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 it's coverage extend to the officers, directors, employees, appointees, agents, and volunteers of Premier Dance of Ocala.

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.

I agree that my child(children) do not currently, not have had in the last two weeks, a fever, cold, vomiting, diarrhea, cough, sore throat, chills, muscle pain, fatigue, shortness of breath, and /or loss of smell or taste. To the best of my knowledge, I affirm that I, as well as those living in my household, have not been diagnosed with COVID-19 or knowingly been exposed to anyone diagnosed with COVID-19 within the last 14 days.

If I, or anyone else, have knowingly been exposed to is diagnosed with COVID019, I will only return to Premier Dance of Ocala after 14 days without symptoms and/or being cleared of COVID-19 by a doctor.

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: _____