

# RETURNING STUDENT APPLICATION FOR ADMISSION AND LIABILITY RELEASE

Please fill out Application and Release Form and return to the studio with a \$25 registration fee.

(Please Print)

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Email (if available): \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Academic School & Hours: \_\_\_\_\_ 20-21 School Grade: \_\_\_\_\_

Please check which classes your dancer is interested in:

Pre-Ballet \_\_\_\_\_ Ballet one a week \_\_\_\_\_ Ballet twice a week \_\_\_\_\_ Pointe (teacher recommendation) \_\_\_\_\_

Tiny Tot Tap/Jazz \_\_\_\_\_ Tap \_\_\_\_\_ Jazz \_\_\_\_\_ Lyrical \_\_\_\_\_

Name of person to phone in an emergency if parent or legal guardian cannot be reached:

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies and Pertinent Medical History: \_\_\_\_\_

There are NO REFUNDS, CREDITS OR TRANSFERS TO ANOTHER SEMESTER. Once classes have begun, tuition is not refundable. Students who miss classes are still obligated for the full month's tuition.

## LIABILITY RELEASE

In consideration of receiving permission to enter the Patty Harper School of Dance (the School), the undersigned hereby releases, discharges, and forever acquits the School and its respective agents, officers, directors, servants, and employees of and from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the undersigned and any participant in person at, in, or on the property of the School or a site away from the School at which a School performance is held while either participating in or being present at the School including, but not limited to, those injuries and damages caused by negligence, whether it be active or passive, gross, wanton, or ordinary on the part of the School, its respective directors, officers, agents, servants and employees arising while participating in or being present at the School, and regardless of the negligence, gross negligence, responsibility, or fault of the School or its employees, owners, or agents. This release shall be binding upon the assignees, suborders, distributes, heirs, next of kin, executors, and administrators of the undersigned and may be pled by the school in any claim, demand, action or cause of action made by or on behalf of the undersigned. By execution of this release, the undersigned hereby acknowledges and expressly represent that 1) He (She) is duly aware of the risks inherent upon entering the school; 2) He (She) elects voluntarily to enter, participate or be present at the school; 3) He (She) is over 18 years of age and of sound mind; or if he (she) is younger than 18 years of age, he (she) is represented by a parent or legal guardian who is over 18 years of age, and of sound mind who has read the foregoing release, understands it and signs it voluntarily.

The student and parent or legal guardian are familiar with and agree to terms of the school's policies and regulations:

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date