

RELEASE FORM

Academy of Dance and Performing Arts

Home Phone: _____

NAME OF STUDENT (Please Print) _____

_____ Age _____ School _____ Grade _____

_____ Age _____ School _____ Grade _____

Address: _____ City: _____

Mother's Name _____ Work Phone: _____ Employer _____

Father's Name _____ Work Phone: _____ Employer _____

Insurance: _____

I confirm that the above student(s) is in good health and has no restrictions as to activities. I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury, I do hereby waive all claims or legal actions, financial or otherwise, against ACADEMY OF DANCE AND PERFORMING ARTS, the staff or their officials, or any volunteer connected with the program, unless injury is caused by the sole negligence of the parties named above. I give ACADEMY OF DANCE AND PERFORMING ARTS staff permission to call the Doctor-on-call in case of an emergency. In the absence of signature, payment of fees and participation of the program shall constitute acceptance of the conditions set forth in the release.

Date: _____ Signature _____

Of Parent, Legal Guardian or Adult Student

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STUDIO INFORMATION AGREEMENT

I have received and read all information in the 2008-2009 ADPA "Information Packet" and understand all class rules, class dress codes, and class tuition/payment schedules. A \$25.00 Costume deposit (for each class) is due at time of registration. If you choose to drop a class for any reason before December 1st, ADPA will gladly refund your costume deposit(s). If you for any reason decide to drop a class after December 1st (costumes will have been ordered) you will be responsible to pay for the balance of the costume(s) ordered.

Date: _____ Signature _____

Of Parent, Legal Guardian or Adult Student



