



REGISTRATION FORM

Child's Last Name

First Name

Date of Birth

Parent/Legal Guardian Last Name

First Name

Address City, State, Zip

Cell Phone

e-mail

Driver's License Number & State

Emergency Contact Name & Phone

Allergies: _____

Special Instructions: _____

Waiver of Liability, Release, and Assumption of Risk & Indemnity Agreement Notice: This is a legally binding agreement. I understand that by signing this Waiver of Liability, I release and hold harmless Dance Elite Dance Studio DBA Elite Arts Academy and its owners, directors, officers, advisors, employees, agents, instructors, volunteers, and all other persons or entities acting for them from any and all claims, demands, suits, cost and charges, in connection with or arising out of Elite Arts Academy service, including but not limited to, COVID-19, personal injury, bodily harm, injury, or property damage occurring while the above child/children is/are in their care at Elite Arts Academy

Signature of Parent / Legal Guardian

Printed Name of Parent/Legal Guardian

Date

CLASSES:

Dance Style:_____ Day:_____ Time:_____

Dance Style:_____ Day:_____ Time:_____

Dance Style:_____ Day:_____ Time:_____

Dance Style:_____ Day:_____ Time:_____

Dance Style:_____ Day:_____ Time:_____

AUTHORIZATION FOR CREDIT CARD USE

A Credit card must be placed on file upon registration.

CREDIT CARD INFORMATION

Name on Card: _____

CC #: _____

Expiration Date: ____/____

Security Code: _____

Zip Code: _____

I _____ authorize Elite Arts Academy to automatically charge my credit card.

Signature

Date