

Elite Dance by Damian

2019 Summer Intensive Registration Form

Student Name _____ Age _____
Date of Birth _____ # of Years Dancing _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Emergency Contact _____ Phone _____
Parents Names _____
E-Mail Contact (mandatory) _____
Medical Conditions or Allergies _____

I AGREE THAT MY CHILD IS COVERED EXCLUSIVELY BY INSURANCE AND I AM FULLY RESPONSIBLE FOR ALL MY CHILD'S PAYMENTS Parent

Signature _____ Date _____

I HAVE READ ELITE DANCE BY DAMIAN INC. POLICIES AND PROCEDURES IN THEIR ENTIRETY, UNDERSTAND THEM, AND AGREE TO COMPLY WITH THEIR CONTENTS. I ACKNOWLEDGE AND UNDERSTAND THAT UPON EDBD'S ACCEPTANCE OF THIS REGISTRATION, DANCERS ARE ENROLLED AND FINANCIALLY RESPONSIBLE FOR TUITION. ANY AND ALL TUITION PAYMENTS ARE NON-REFUNDABLE FOR ANY REASONS.

I HEREBY RELEASE AND REQUEST ELITE DANCE BY DAMIAN INC. TO ACT FOR ME ACCORDINGLY TO THEIR BEST JUDGEMENT IN ANY EMERGENCY THAT MAY REQUIRE MEDICAL ATTENTION TO MY CHILD, AND I HEREBY WAIVE AND RELEASE ELITE DANCE BY DAMIAN INC. AND ALL IT'S INSTRUCTORS AND INDEPENDENT CONTRACTORS FOR ANY AND ALL LIABILITY FOR ALL INJURIES AND ILLNESS WHILE TRAVELING TO AND FROM THE STUDIO, AND WHILE RECEIVING INSTRUCTION AT ELITE DANCE BY DAMIAN INC. FUTHERMORE I UNDERSTAND THAT ALL MEDICAL/DENTAL EXPENSES INCURED WILL BE THE SOLE RESPONSIBILITY OF THE STUDENT OR STUDENT'S FAMILY. I HOLD HARMLESS ELITE CONTRACTORS, OWNERS, AND AFFILIATES FROM ALL LIABILITY ISSUES.

IN LIEU OF A MEDICAL CERTIFICATE SIGNED BY A PHYSICIAN I HAVE NO KNOWLEDGE OF ANY PHYSICAL OR MENTAL IMPARMENT THAT WOULD BE AFFECTED BY THIS NAMED STUDENT'S PARTICIPATION IN THIS PROGRAM WHICH IS OUTLINED IN INFORMATIONAL MATERIAL AT THE STUDIO AND ON THE WORLD WIDE WEB (WWW.ELITEDANCEBYDAMIAN.COM), WHICH I HAVE READ AND UNDERSTAND.

FUTHERMORE, I UNDERSTAND THAT ELITE DANCE BY DAMIAN INC., RESERVES THE RIGHT TO USE ANY PHOTOGRAPHY, VIDEO, RECORDING OR ANY OTHER RECORD OF EVENT OR CLASS FOR PUBLICITY, ADVERTISING, OR ANY OTHER PROMOTIONAL PURPOSES. I ALSO UNDERSTAND THAT ELITE DANCE BY DAMIAN INC. IS NOT RESPONSIBLE FOR ANY BELONGINGS LEFT IN STUDIO OR OUTSIDE STUDIO.

Parent Signature _____ Date _____

Note: Current Competitive Company Students and New Perspective Students (Ages 6-18) intending to participate on the Competitive/Convention Company are Required to attend a minimum of 10 days of Summer Classes.

(Please indicate The Level and circle the Days of Classes you will be attending)

Ages (11 & Over)	10 Days- \$560.00	12 Days- \$630.00
Ages (6-10)	10 Days- \$440.00	12 Days- \$500.00

Total Summer Tuition Due_____ Check#_____ Date_____ Signature_____

Form Due with Full Payment June 15th 2019