



Peak Academy
of Dance

Remittance Address:
PO Box 439
Conifer, CO 80433

26437 Conifer Road
Conifer, CO 80433
303.838.5556

2010-2011 Registration Form

Name of Student _____ Birth Date _____

Mailing Address _____ City _____ Zip _____

Phone: Home _____ (Father) _____ (Mother) _____

Email Address: _____

In Case of Emergency:

Name of nearest relative or friend: _____ Phone: _____

Name of child's Physician: _____ Phone: _____

List any past injuries, allergies, or other information you feel our staff should be aware of: _____

Parent's Name: _____

I, as parent or legal guardian of _____ give permission to the Peak Academy of Dance to teach my child the art of dancing (Tap, Jazz, Ballet, Hip Hop, Breakdancing, Poms) including warm-up and stretching exercise and to teach my child gymnastics. I will obtain the necessary dance shoes and proper dance wear and gym wear for my child's comfort and safety.

PLEASE READ CAREFULLY THE FOLLOWING DISCLAIMERS AND INITIAL WHERE INDICATED THAT YOU AGREE TO THE TERMS.

- **SCHOOL POLICIES:** I have read and understand the Peak Academy of Dance policies as stated in the brochure. I will review these policies with my child and understand that she (he) is responsible for her (his) actions while on the premises and especially in the classroom. Dress code per policy, or requested by teacher, will be observed. I will avoid absenteeism in the interest of my child and the class, except illness or family emergencies, in which case I will arrange a make-up lesson within a month. _____ **Initial Here**
- **I will arrange to pick up my child no later that 15 minutes after her (his) last class, and instruct my child not to leave the building. Any deviation from this rule must be arranged with management. The school will not be responsible if the child is not picked up within 15 minutes, or if the child leaves the building.** _____ **Initial Here**
- The Peak Academy of Dance Staff has my permission to give first aid and request medical attention for my child. _____ **Initial Here**
- I (parent's name) _____ give Peak Academy of Dance permission to administer (check one) if needed:
a. Acetaminophen product b. Ibuprofen product c. None d. Must contact me first _____ **Initial Here**
- **TUITION: I agree herewith to pay tuition, for the ten month curriculum, during the last week of the month for the upcoming month.** A \$5.00 late charge applies if payment is not received by the 10th of the month. No statements are sent out, but if one needs to be prepared after the 10th of the month, there is a \$5.00 billing charge. Tuition is figured for the entire ten month program (based upon a minimum of 37 classes) then divided into 10 monthly installments. Whether the class meets 3, 4, or 5 times a month, the installment always remains the same. When deviating from monthly tuition, each class will then be figured at \$12.50. **Once a class space is reserved for my child, and if it is necessary to drop out of a class, four weeks written notice and payment for those four weeks will be made by me. I agree to pay tuition for each six week session in full before the session starts.** _____ **Initial Here**
- **PERFORMANCE:** Since Peak Academy of Dance is a Performing Arts School, participation in the Annual Spring Recital is expected of all dance students. Costumes for the event will be ordered, and payment for costumes and recital participation will be made by January 1st of the year of the performance. If I do not wish to have my child participate in the performance, I will provide written intent to decline by that time. Attendance at Dress Rehearsal is mandatory to perform in the Recital. _____ **Initial Here**
- THE UNDERSIGNED ACKNOWLEDGES THAT THERE ARE INHERENT RISKS OF PHYSICAL INJURY IN THE PARTICIPATION OF ANY PHYSICAL ACTIVITY INCLUDING DANCE AND/OR GYMNASTICS, WHICH THE UNDERSIGNED FULLY APPRECIATES AND VOLUNTARILY ASSUMES. THE UNDERSIGNED FOR THEMSELVES AND THEIR CHILD FULLY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE PEAK ACADEMY OF DANCE, LLC, ITS MANAGER, MEMBERS, EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS, VOLUNTEERS, AND OWNERS FROM ANY AND ALL CLAIMS FOR WHATEVER REASON INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE OR INTENTIONAL ACTS RELATING TO OR ANY WAY INVOLVED WITH THE PARTICIPATION OF THE UNDERSIGNED OR THE UNDERSIGNED'S CHILD IN DANCE OR GYMNASTICS CLASSES OR EVENTS. THE UNDERSIGNED AGREES TO INDEMNIFY AND HOLD HARMLESS PEAK ACADEMY OF DANCE, LLC, ITS MANAGERS, MEMBERS, EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS AND OWNERS FROM ANY CLAIMS, DAMAGES, AND COSTS INCLUDING REASONABLE ATTORNEY FEES ASSERTED • AS A RESULT OF THE ACTIONS OF THE UNDERSIGNED OR THE UNDERSIGNED'S CHILD. _____ **Initial Here**
- Peak Academy of Dance, LLC hereby reserves the right to terminate this agreement at any time. If such termination is due to reasons not the fault of the undersigned or the undersigned's child, that portion of the payments for future sessions shall be refunded. _____ **Initial Here**
- I understand that images of my student in both studio setting and/or performance setting can be used by Peak Academy of Dance to promote business or educate others in the dance field. _____ **Initial Here**

Signature of Parent/Guardian: _____ Date: _____