

**PERRYSBURG ACADEMY OF THE PERFORMING ARTS
PERRYSBURG GYMNASIIC CENTER**

Last Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Address: _____
Street City State Zip

Email: _____
THIS IS A "MUST-HAVE"! **PLEASE PRINT LEGIBLY.** PARENT'S ADDRESS PREFERRED.

Second Email: _____
PLEASE PRINT LEGIBLY.

First Dancer's Name: _____ Birthdate: _____
Class Day/Time _____

Second Dancer's Name: _____ Birthdate: _____
Class Day/Time _____

Third Dancer's Name: _____ Birthdate: _____
Class Day/Time _____

Fourth Dancer's Name: _____ Birthdate: _____
Class Day/Time _____

All students are required to pay an annual nonrefundable registration fee of \$25.00. 50% discount for siblings/parent. Fee paid: Date _____ Ck/Chg/Cash _____ Amount _____

Are there any medical conditions of which we should be aware? _____

Fill this part out! Children completing our dance school year will receive an award for the number of years of study completed at our facilities. This is done at one of the last classes before summer recess. To help us order correctly, ***what year trophy should your child receive this coming June?*** _____
(If this is not filled out, your child will NOT be receiving their award)

NEW STUDENTS ONLY

How did you choose our program? __Newspaper ad __Website __Location __Reputation __Cost
__Other _____

Is there someone we can thank for referring you to our program? _____

PLEASE TURN OVER

**Read the policies below carefully.
Your signature acknowledges you have read and understand them**

Safety - Parents are responsible for their child's behavior and safety while on our premises...including parking lots, bathrooms, waiting areas, etc. I understand that children are NOT ALLOWED in the gym or studio classrooms when not participating in the class that is in progress. **Parents are responsible for purchasing proper footwear, which may include more than one (1) pair of dance shoes, dancewear, accessories, and equipment necessary for safety, uniformity, and success in class.**

Tuition - Tuition is due the first lesson of each pay period. **To avoid the possibility of a late payment and therefore having a student sit out of class, each dancer is required to have an active Master Card, Visa, or Discover number on file.** This card will be used only if: 1) a dancer's account is ten (10) days past due, or, 2) the family has specifically requested a fee be paid using the card on file. Automatic Credit Card Payment Services are strongly encouraged. You may of course pay manually, prior to scheduled due dates, using cash, check or Visa/MC/Discover. Tuition will be prorated only when a student joins a class after the "payment period" has started. There will be a twenty-five dollar (\$25.00) charge for all NSF checks. **There are NO REFUNDS on tuition. Multiple class discounts apply when a complete eight (8) week session is taken.** All single classes are fifteen dollars (\$15.00) each.

Missed Classes - NO credit is ever given for missed classes. Missed classes can be made up, or if scheduling a make-up class is inconvenient, parents may pay the single class fee for those lessons taken. Missed classes must be made up within thirty (30) days.

Signature: _____ Date: _____

**RELEASE OF LIABILITY, WAIVER OF LIABILITY,
ASSUMPTION OF FULL RESPONSIBILITIES FOR ALL RISKS OF
BODILY INJURY, DEATH OR DAMAGES**

As parent or legal guardian of _____, I give my consent for (*please circle*) **her / him / them / myself** to participate in the programs at Perrysburg Academy of the Performing Arts, Inc. which also includes all classes at Perrysburg Gymnastic Center. I understand it is the express intent of Perrysburg Academy of the Performing Arts, Inc. to provide for the safety and protection of my child(ren). I understand that participation in gymnastics, trampoline, dance, and related activities may result in injuries due to heights and motions involved. These injuries may include muscle strains and tears, broken bones, and severe injuries, such as permanent paralysis or even death.

As parent or legal guardian, I agree to provide health insurance for the minor child(ren) or guarantee payment of any medical expenses incurred as a result of training, performing, or participating in activities of Perrysburg Academy of the Performing Arts, Inc.

As an adult, I agree to provide health insurance for myself or guarantee payment of any medical expenses incurred as a result of training, performing, or participating in activities of Perrysburg Academy of the Performing Arts, Inc.

As an adult, I give permission for Perrysburg Academy of the Performing Arts, Inc. to use my or my child(ren)'s photo or likeness in any form of publicity.

In consideration of the use of facilities of Perrysburg Academy of the Performing Arts, Inc. I waive all rights or causes of actions against the building owners, and/or Perrysburg Academy of the Performing Arts, Inc. for injuries or other damages suffered by my child(ren) and/or myself while under the supervision of Perrysburg Academy of the Performing Arts, Inc.

It is also my intent to release Perrysburg Academy of the Performing Arts, Inc. and its employees from liability in the future.

This **ACKNOWLEDGEMENT OF RISK** and **WAIVER OF LIABILITY** has been read by me, understood completely, and signed voluntarily. I am eighteen (18) years of age or older.

Parent/Guardian Signature

Date

CREDIT CARD AUTOMATIC PAYMENT CONSENT FORM

Student's Last Name: _____ Student's First Name(s): _____

Parent's Name: _____ Phone Number: _____

____ I hereby authorize Perrysburg Academy of the Performing Arts, Inc. to charge my credit card for **registration fee(s)** of \$ _____ for the 2017-18 dance school year.

I hereby authorize Perrysburg Academy of the Performing Arts, Inc. to charge my credit card for a **tuition payment** of \$ _____ the week of _____ August 28, 2017; _____ October 23, 2017; _____ January 4, 2018; _____ February 26, 2018; and _____ April 16, 2018.

____ I authorize tuition payments of \$ _____ to be charged automatically to my credit card **ONLY IF** my child(ren)'s tuition is 10 days past due.

In the event that I wish to discontinue these charges, I will notify the school **in writing** of my wishes at least seven (7) days before the next automatic payment. I understand that I will not receive a refund for any missed or remaining lessons.

In the event that I wish to change these charges, I will notify the school **in writing** of my wishes at least seven (7) days before the next automatic payment. I understand that I will be charged the updated amount on the next automatic payment.

Signature

Date

Method of Payment

Visa Master Card Discover

Card Number

Expiration Date

Security Code

**BILLING
ZIP CODE**

Card Holder's Name

Street Number / Name

City

State

____ Initial here if you wish for your Nutcracker costume purchase(s) and/or rental(s) to be charged to your account automatically

____ Initial here if you wish for your Recital costume purchase(s) to be charged to your account automatically.

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company.

Signature

Date

Perrysburg Academy
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156 West South Boundary
Perrysburg, Ohio 43551
(419) 874-6773
www.perrysburgacademy.com

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12905 Eckel Jct. Rd.
Perrysburg, Ohio 43551
(419) 874-9383
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