

PERRYSBURG ACADEMY OF THE PERFORMING ARTS  
PERRYSBURG GYMNASTICS CENTER

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ Parent Work Phone: \_\_\_\_\_

\_\_\_\_\_

Home Phone	Cellular Phone	Other Contact Phone
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Address: \_\_\_\_\_

Street	City	State	Zip
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Parent's Email: \_\_\_\_\_  
**THIS IS A "MUST-HAVE"! PLEASE PRINT LEGIBLY. PARENT'S ADDRESS PREFERRED**

First Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Class Day/Time: \_\_\_\_\_

Second Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Class Day/Time: \_\_\_\_\_

Third Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Class Day/Time: \_\_\_\_\_

Fourth Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Class Day/Time: \_\_\_\_\_

**All students are required to pay an annual non-refundable registration fee of \$25.00. 50% discount for sibling/Parent. Fee paid: Date: \_\_\_\_\_ Check/Cash \_\_\_\_\_ Amount: \_\_\_\_\_**

Emergency Contact: \_\_\_\_\_

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

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 or ribbon should your child receive this June?*** \_\_\_\_\_

**NEW STUDENTS ONLY...**

Brief synopsis of previous dance/gymnastics experience \_\_\_\_\_

How did you choose our program? \_\_\_\_\_

Yellow Pages	Newspaper Ad	Web Site	
Location	Reputation	Cost	Other _____

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

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

**Child's Safety** - Parents are responsible for their child's behavior and their 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 1 pair of dance shoes), dance wear, accessories, and equipment necessary for safety and success in class.**

**Tuition** - Tuition is due the first lesson of each pay period. All classes are fifteen dollars (\$15.00) each. **Multiple class discounts apply when a complete eight (8) week session is taken.** There will be a twenty-five dollar (\$25.00) charge for all NSF checks. **A student will not be allowed to take class if their bill is more than fourteen (14) days past due. There are NO REFUNDS on tuition.**

**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.

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Parent/Guardian Signature

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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.

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Parent/Guardian Signature

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Date