

STUDENT ENROLLMENT FORM

_____ New Student _____ Re-Registration

_____ Summer _____ Fall _____ Gender

Name of Student: _____

Class Day & Time: _____

Address: _____

City/State: _____ Zip: _____

Age: _____ Birthday: _____ Grade: _____

Mother's Name: _____

Father's Name: _____

Home Phone #: _____

Work Phone #: _____

Email Address: _____

Please list any medical conditions that might be affected or aggravated by participation in any activities at Chester Valley Dance Academy, LLC:

If Yes to Allergies an addendum is required for you to fill out and hand into the office in the office.

Students and Parents understand the policies of Chester Valley Dance Academy, LLC here within will be known as (CVDA) and will abide by them: failure to do so may result in suspension or expulsion from classes or activities with the academy.

CVDA strives to offer teaching that is individual and hands-on. In the world of dance, it is appropriate for a member of the faculty to physically position a pupil in

order for progress to be made in regard to technique. CVDA neither condones nor tolerates any touching of students by instructors that is harmful or professionally reckless. Before enrolling a student,

please consider that it is a school policy to correct dancers with physical contact. If the student or parent/guardian is uncomfortable with this policy, you may wish to reconsider enrolling the student.

I hereby represent myself/My Child to be in good physical health and recognize the possible dangers connected with any physical activity. I am fully responsible for any sickness, loss, or injury that may result regardless of presumed fault.

Members/Visitors knowingly and voluntarily waive any right or cause of action of any kind, both now and in the future for whatsoever may arise as the result of any occurrence from which any liability may or could accrue to CVDA it's owners, members, officers, agents, or instructors. The students or their parents hereby assume all risk and responsibility if any injury, illness or loss sustained out of participation in any class or activity held by or in conjunction with Chester Valley Dance Academy, LLC should occur.

I understand that CVDA is not responsible for the drop off/pick up arrangements for any student, and once the student has left the class the parents/guardians are fully responsible for the student. Parents/guardians should advise the student not to leave the building. Any special arrangements must be given to the director in writing at the beginning of any class. I understand that I must see my child (children) in/out of CVDA studio.

I understand that, because of the nature of public performances, rehearsals and nature of CVDA

programs/shows, there are many people who take pictures, images, videos, film and audio recordings of the performances, rehearsals that may include me or my child. Because of the modern nature of digital

media distribution, it is impossible for CVDA to control the distribution of these images and recordings.

On some occasions, my or my child's image, video, or audio recordings may be used in connection with promoting CVDA and its programs, including, but not limited to, CVDA publications, its website or social media, in photographs and videos, in connection with any of the foregoing. I, irrevocably and without any further compensation, grant permission and consent to CVDA to use and to identify pictures, videotapes and/or performance recordings of me or my child, by full name and/or the CVDA location related to the event or activity shown, for the purposes of promoting CVDA and its programs, which includes publications, videotape, website or social media. This permission will remain in effect beyond the time when I or my child is a student of CVDA. I acknowledge that if I withdraw from classes CVDA may not be able to retrieve images that are already published or that are possessed by third parties, and I release the CVDA of any responsibility to that regard.

I waive any right of inspection or approval of my or my child's picture, name, voice, performance, likeness and/or any material concerning me or my child or the uses to which such picture, name, voice, performance, likeness and/or material concerning me or my child may be put. I acknowledge that CVDA is not required to use any picture of me or my child and agree not to assert any claim of any nature whatsoever against CVDA or anyone acting with its permission relating to the exercise of the consent and permissions granted hereunder, including, but not limited to, any use of or any unintentional blurring, distortion, alteration, optical illusion, or use of composite form of any image.

Signature of Parent or Guardian

Date