

Paid _____ Method _____

Premiere Dance Academy

LITTLE STARZ Registration Form

Student name _____ Female ___ Male ___ Birth date _____ Age _____

Address _____

Home phone _____ Cell phone _____ Email Address _____

Fathers name _____ Work phone _____

Mothers name _____ Work phone _____

Emergency contact & phone # _____

Medical Emergency Information _____

SESSION LENGTH: 8 WEEKS: Classes begin the week of January 16th and ends the week of March 5th

SESSION COST: \$88. Checks payable to Premiere Dance Academy

Please mark 3 choices in order of preference. (we may have to condense classes based upon enrollment). Please rank class choice in order of preference (1,2 3 etc.) This allows us to schedule all students more efficiently.

FULL Monday 5:45-6:30pm **Tap & Creative Movement Combo Class (4-5yr olds)**

_____ Wednesday 4:15-5:00pm **Creative Movement (3-4yr olds)**

FULL Wednesday 5:45-6:30pm **Creative Movement (3-4yr olds)**

_____ Saturday 12:00-12:45pm **Creative Movement (3-4yr olds)**

We reserve the right to cancel or re-schedule classes based on participation.

As the parent/legal guardian of a participant in the Premiere Dance Academy program, I hereby give my consent for emergency medical care prescribed by a licensed physician. This care may be given under whatever conditions are necessary to preserve the well being of your dependent. I hereby waive any and all rights and claim damages I may have against Premiere Dance Academy and representatives for any and all injuries from whatever cause suffered by the above participant in the indicated activities.

Parent/Legal Guardian Signature _____ Date _____