Paula Carr Dance Academy 2021/2022

| PARENT'S NAME | CITY | |
|--|--|---|
| RILLING ADDRESS | CITY_ | ZIP |
| EMAIL | (ma | andatory) this is how we will notify you) |
| CELL | (mandatory) this is how we v | vill notify you in case of emergency. |
| * One time Reg Fee: 50 per o | dancer / sibling add on fee 25 | I WISH TO REGISTER FOR: |
| <u>I wish to</u> | Register for PCDA Level Class 20 | 021/ 2022 |
| Class | Day | time |
| DANCER'S NAME | | AGE OF DANCER |
| SCHOOL | GRADE (going | ; into) |
| <u>P</u> | CDA Tuition auto pay & billing in | <u>nfo</u> |
| CC info | | Type of card |
| Zip code_ | / code exp dat | e |
| | zes to ensure a good class experience. Y payment. Your prompt payment will holo | - |
| | paid with CC ON FILE. No cash or chec of every month. Reg fee & Class paym | - |
| | | |
| participating in any group indoo with Paula Carr Dance Academy /WE are waiving and releasing F representatives, from any an | ognize and understand the risk of inper/outdoor activity, dance, tumbling, per/outdoor activity, dance, tumbling, per i. I/WE are participating with the full upper and or the control of the control of the control of the control of the part of Paula Control of the control of the part of Paula Control of the control of th | performance, or exercise programunderstanding and agreement thatheir staff, directors, volunteers and ury directly resulting from gross |
| | ideos taken by PCDA, may be used for promis document, policy page and fully understand | |