## Paula Carr Dance Academy - FALL - Begins Aug 3<sup>rd</sup>

PARENT'S NAME		
BILLING ADDRESS	CITY	ZIP
EMAIL	( mandatory	y)this is how we will notify you)
CELL		
I WISH TO REGISTER FOR:		
<ul> <li>Performance Company: <u>Letter of name</u>) will be returning to PC positive attending June 9<sup>th</sup> in studio place.</li> <li>(Or) I am am a <u>new member</u> sending in Video (circle one).</li> <li>Req: CLASS ONE: DAY</li></ul>	erformance company for Seacement or sending in placement or sending in placement (check). I will be attending Class TIME	son Seventeen. I will be ent Video ( circle one) g June 9 <sup>th</sup> placement or
Req: CLASS THREE: DAY	Class TIME	
DANCER NAME		AGE OF DANCER
SCHOOL	GRADE ( going into)	
CC info	/ Zip code	/ code
Due to our "new normal" & smaller class size is only insured through your full pay  ALL FEES must be CC ON FILE for Registration Fee to Hold a spot for ( Reg fee must be paid before- to do place)	yment. Your prompt payment will l or NO contact payment purpose or Fall for Req / PC Company:	nold your dancers spot.  s. No cash or checks.  550 add on Sibling \$25
By signing this wavier I/WE recognize and participating in any group indoor/outdoor at Paula Carr Dance Academy. I/WE are part are waiving and releasing Paula Carr Dance representatives, from any and all claims ex negligence or willful misconduct on the part	ctivity, dance, tumbling, perform ticipating with the full understance Academy and or their staff, discept for illness and injury directly to f Paula Carr Dance Academy	ance, or exercise program with ling and agreement that I /WE rectors, volunteers and y resulting from gross
I understand any images/ videos taken		
	read this document and fully und	
SIGNATURE	·	