

Paula Carr Dance Academy SUMMER

PARENT'S NAME _____

BILLING ADDRESS _____ CITY _____ ZIP _____

EMAIL _____ (mandatory) this is how we will notify you)

CELL _____

I WISH TO REGISTER FOR:

Tuesday Summer Night CLASS ONE: _____

Tuesday Summer Night CLASS TWO: _____

June Summer Camp June 8th and 10th _____ or June 15th/ 17th _____ (both) _____

DANCER NAME _____ AGE OF DANCER _____

SCHOOL _____ GRADE (going into) _____

CC info _____ / Zip code _____ / code _____

Due to our "new normal" & smaller class sizes for safe social distancing & safety protocol. Your dancers spot is only insured through your full payment. Your prompt payment will hold your dancers spot.

ALL FEES must be paid with CC ON FILE for NO contact payment purposes. No cash or checks.

Camp / Class payment must be paid in full to hold spot. Summer spots are filling fast.

By signing this wavier I/WE recognize and understand the risk of injury, illness, pandemic or other by participating in any group indoor/outdoor activity, dance, tumbling, performance, or exercise program with Paula Carr Dance Academy. I/WE are participating with the full understanding and agreement that I /WE are waiving and releasing Paula Carr Dance Academy and or their staff, directors, volunteers and representatives, from any and all claims except for illness and injury directly resulting from gross negligence or willful misconduct on the part of Paula Carr Dance Academy.

_____ Print Name _____ date

I understand any images/ videos taken by PCDA, may be used for promotional use **only**. _____ initial.

By signing this, I certify I have read this document and fully understand its content .

SIGNATURE _____ Date _____