



Registration 2009/2010

PLEASE COMPLETE BOTH SIDES – PLEASE SIGN IN 3 PLACES

Today's Date _____ Date of Birth _____ Age _____

Student Name (First and Last) _____

Address _____ City _____

Zip Code _____ School attending this fall _____

Year's of dance taken _____ Where Studied _____

Referred by _____ Child-Parent dance goals for this season _____

_____ Participating in Recital? ☐ Yes ☐ No

Mother/Guardian Name _____

First

Last

Phone #'s (include area code) _____

Home

Work

Cell

Email Address _____

Home

Work

Father/Guardian Name _____

First

Last

Phone #'s (include area code) _____

Home

Work

Cell

Email Address _____

Home

Work

PPAC requires that you **READ AND COMPLETELY FILL-OUT THE EMERGENCY FORM (on the back)**, as well as this **Registration Form**, and return with your **\$25.00 registration fee to PPAC (PRIOR to child taking classes)**.

I, _____ Parent/Guardian of aforesaid child, have **READ AND UNDERSTOOD ALL POLICIES & PROCEDURES, TUITION POLICY, FEES AND CALENDAR DATES.**

1. Class: _____	Day & Time: _____	Class Code _____	Instructor _____
2. Class: _____	Day & Time: _____	Class Code _____	Instructor _____
3. Class: _____	Day & Time: _____	Class Code _____	Instructor _____
4. Class: _____	Day & Time: _____	Class Code _____	Instructor _____
5. Class: _____	Day & Time: _____	Class Code _____	Instructor _____
6. Class: _____	Day & Time: _____	Class Code _____	Instructor _____
7. Class: _____	Day & Time: _____	Class Code _____	Instructor _____
8. Class: _____	Day & Time: _____	Class Code _____	Instructor _____
9. Class: _____	Day & Time: _____	Class Code _____	Instructor _____
10. Class: _____	Day & Time: _____	Class Code _____	Instructor _____

USE OTHER SIDE (page 2) IF YOU NEED MORE SPACE TO ADD CLASSES

Emergency Information

Pg 2

PLEASE COMPLETE BOTH SIDES

Please give the names of two individuals (other than yourself) who will assure the responsibility of your child in case of an illness or accident until you can be reached. Please notify these individuals of these arrangements. In case of any changes in the information, please notify the dance studio in writing.

Emergency Contact #1 (Other than Parent listed on front page)

Name _____ Relationship (Aunt, Uncle, Grandparent, Friend) _____

Phone #'s (include area code) _____
Home Work Cell

Emergency Contact #2 (Other than Parent listed on front page)

Name _____ Relationship (Aunt, Uncle, Grandparent, Friend) _____

Phone #'s (include area code) _____
Home Work Cell

Child's Medical Conditions (as it applies to dance class) _____

Physician's Name _____ Office Phone _____

Dance is a physical activity. We recommend you discuss with your child's doctor during his/her annual fall school exam the activities that said child will be participating in. Please discuss and inform the dance studio of any physical or emotional needs your child may have.

Although health and safety are of the utmost importance to the instructors and staff at PPAC, the studio is not responsible for injury on the premises or at any PPAC sponsored event or function.

I, the undersigned parent or guardian of the aforesaid child, do hereby authorize officials of the Plumb Performing Arts Center (PPAC) to contact directly the persons named on this form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of the said child. In the event that the physicians, parents or other persons named on this form cannot be contacted, the dance studio personnel are hereby authorized to take whatever action is deemed necessary, in their judgment for the health & safety of the aforesaid child.

Parent(s) acknowledge that PPAC is not a baby-sitting or day care service of any kind. There may be a fee charged for any student who has to wait to be picked-up after the studio closes. All students should be instructed to wait inside the studio lobby for their rides.

Any unauthorized use of PPAC's name, images or students on the internet or personal websites will be dismissed.

I have read completely the PAAC information, Policies and Procedures regarding dance fees, absences, holidays, observance, class procedures, studio conduct rules, questions/problems, recital information, recital expenses, late fees, illness, injury and dance attire information. Classes are charge on a monthly basis. No refunds or credits. Make-up classes are available.

Parent/Guardian Signature _____

Date _____

PHOTOGRAPHIC RELEASE & WAIVER: By signing below, I give permission for photographs of my child in dance class or performances to be used in promotional material for PPAC and or its designees in both print and web publications.

Yes (signature) _____

DECLINE ☐

ADDITIONAL CLASSES (use front side/page 1 first):

11. Class: _____ Day & Time: _____ Class Code _____ Instructor _____

12. Class: _____ Day & Time: _____ Class Code _____ Instructor _____

13. Class: _____ Day & Time: _____ Class Code _____ Instructor _____

14. Class: _____ Day & Time: _____ Class Code _____ Instructor _____

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