

Precision Contemporary Dance, Inc.  
A Non-Profit Company & School

Name \_\_\_\_\_ Date \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

If under 18 years of age, must be signed by a parent or legal guardian.

Any one participating in dance education classes or exercise must be in good health. Participants must accept responsibility for leaving out exercises or dance movement that cause strain or pain. If anyone has injuries or problem areas it is up to the participant's physician in regards to ability to participate. I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but possible, physiological results. I assume all risk for my (child's) health and well being and hold harmless of any responsibility the instructor(s), facility, Company or any person involved with this program. I understand that questions about technique and/or exercise recommendations are encouraged and welcomed. I understand that there are no refunds on tuition for any reason. Make up classes are encouraged and welcomed. I also understand that it is my responsibility to attend class and tuition does not guarantee a position in the Performing Company. I understand that Precision Contemporary Dance reserves the right to deem which dance education class is appropriate for the student. I also understand that participation in any class which is deemed above or beyond a student's skill level may not guarantee participation in the annual recital for that class. I understand that the recital performance is an optional activity associated with my dance education classes and participation in recital will require additional costs and consent for participants to be photographed and/or videotaped to be given below. It is expected that my parents and I will behave with good conduct at all times and failure to do so may result in dismissal from the school and/or Company. I have been informed that Precision Contemporary Dance, Inc. will not be liable in any lawsuits including negligence and/or nuisance lawsuits brought against them by participants. All clients/participants will wave any and all claims against Precision Contemporary Dance, Inc. and teachers of any personal injuries, property loss, and/or all other damages/complaints connected to, or arising out of any fore said risks. Tuition is on a monthly basis. Tuition is discounted only if paid on or before the 5<sup>th</sup> of each month. Statements will be sent only if the account becomes delinquent. Personal arrangement must be made for the student to continue taking classes. Payments may be made by check or cash. For your convenience, you may pay tuition for several months at a time. Please indicate which months you are paying for on your check. There will be a \$25.00 fee for any returned checks.

\_\_\_\_\_ Please initial, acknowledging you have received and read the School Handbook, and you agree to follow our policies.

PARENT OR GUARDIAN CONSENT TO PHOTOGRAPH/FILM FOR RECITAL PURPOSES

The undersigned parent or guardian hereby consents \_\_\_\_\_ (yes) or does not consent \_\_\_\_\_ (no) to having their son/daughter

\_\_\_\_\_, a dancer at Precision Contemporary Dance, Inc photographed/videotaped individually or as a  
(Dancer's Name)

group for recital activities only. Parent or Guardian must give consent for child to be photographed or videotaped in order to participate in recital performance. Professional pictures and professional videos/DVD's will be offered to parents and family member of PCD students for purchase.

\_\_\_\_\_  
Participant (or Parent/Legal guardian if under 18) Date

\_\_\_\_\_  
Precision Contemporary Dance, Inc. Date