



# CLASSICAL DANCE ACADEMY of Pittsburgh

997 West View Park Drive, Pittsburgh, PA 15229 ~ 412-265-8017 ~ [www.classicaldanceofpgh.com](http://www.classicaldanceofpgh.com)

## Registration Form

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code) \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ (will be used to send important updates and reminders)

Parent/Guardian's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Prior Dance Experience: \_\_\_\_\_

How Did You Learn About Us? \_\_\_\_\_

Please list medical conditions (including food allergies and/or drug allergies) and medications (with instructions) that would create any restrictions, limitations, or considerations in class: \_\_\_\_\_

\_\_\_\_\_

**Please Fill out Insurance and Physician information if you will not remain in the Studio during your child's class.**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Heath Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_

### Consent to Emergency Treatment

If I, \_\_\_\_\_ parent of \_\_\_\_\_  
(PARENT or STUDENT OVER 18 YEARS OF AGE NAME) (STUDENT NAME)

am unable to be contacted in the event of an emergency, I hereby authorize Classical Dance Academy of Pittsburgh (CDAP) or its representatives to secure any and all emergency medical treatment deemed necessary for me or my minor child/ward's immediate care, and I agree that I will be responsible for the payment of any and all hospital and/or medical charges incurred. I agree to hold CDAP and its representatives harmless for exercising its judgment in authorizing such emergent treatment forms on my behalf.

Initial \_\_\_\_\_ *I understand that all monies paid for tuition and other fees are non-refundable.*

Initial \_\_\_\_\_ *I agree that the school is not liable for any damages or injuries sustained in connection with my training at CDAP.*

Initial \_\_\_\_\_ *I agree to comply with all policies of CDAP and understand that any violations of said policies may lead to suspension or expulsion from the program without refund.*

Initial \_\_\_\_\_ *I understand that any pictures and/or videos of me and/or my child taken in connection with CDAP classes and events may be used for publicity without compensation.*

**\*\* A \$25 Service Charge will be assessed for any Returned Checks. \*\***

**\*\* Payments not received within 10 days of the date due will be subject to a \$15 Late Fee. \*\***

**\*\* Payments not received within 30 days of the date due may be submitted to collections. \*\***

***Parent/Legal Guardian (Student if over 18) agrees to all terms and conditions.***

***Do not sign this agreement until you have read both sides and ensured that it is completed.***

Signature of Parent/Legal Guardian (Student if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

*(See reverse side for additional terms and conditions)*

**Waiver, Release and Indemnity:** *In order to participate in any activities related to Nam's Karate North LLC (DBA Classical Dance Academy of Pittsburgh, herein "CDAP"), Parent and/or Legal Guardian and/or Student (herein defined as "Student") acknowledges, understands, consents and expressly agrees to all of the following:*

- 1) All CDAP classes, events and other activities are potentially dangerous and could result in injury, disability, property damage, paralysis, or death. **Student voluntarily agrees to assume all risks and responsibility for any injury or loss, however caused and whether caused in whole or in part by the negligence of CDAP.**
- 2) Dance instruction involves correction of student's form and alignment and may involve physical touch between students and instructor. Contact of this nature is both necessary and appropriate for the student's correct development and safe training. **Students with any concerns should address them to the Ballet Master.**
- 3) Student hereby exempts, releases, and indemnifies CDAP, its owners, agents, volunteers, assistants, employees, guests, faculty members, and/or students (herein collectively referred to as "Releasee") from all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to Student, Student's children, or property which may arise out of or in connection with participation in any classes, events or other activities conducted by CDAP. Student further voluntarily agrees to waive their rights and that of their heirs and assignees to hold the Releasee liable for such damage, loss, injury, or death caused or alleged to be caused in whole or in part by the negligence of the Releasee or otherwise. Student expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Pennsylvania and if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect. If Student makes a claim against any of the Releasees, Student will reimburse the Releasee for any money paid to or on behalf of the Student and hold Releasee harmless. **By signing this document, Student hereby executes this waiver and release. Student agrees they have read this release, waiver and indemnity, assume all risks and fully understand its terms, understand that they have given up substantial rights by signing and have signed freely and voluntarily without any inducement, assurance or guarantee being made to them and intend their signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.**

#### **ADDITIONAL TERMS AND CONDITIONS**

- 1) **Payment in Entirety:** Student shall not be relieved of financial obligations to make any payments of the tuition fee herein agreed to. The course is nontransferable and no deduction, credit or refund from any payments shall be made for any reason. Student agrees to reimburse CDAP the fees of any collection agency, which may be based on a percentage at a maximum of 50% of the debt, and all costs and expenses, including reasonably attorneys' fees, CDAP incurs in any collection efforts.
- 2) **Policy Compliance:** Student agrees to comply with all "**Policies**" of CDAP. **Policies** are available in the **Student Handbook** and may also be given orally or posted at CDAP. Failure to comply with any **Policies** may lead to disciplinary action, including but not limited to, temporary suspension or expulsion from the program without refund.
- 3) **Non-Disclosure Agreement (CKA NDA);** Student agrees that all information and material taught, discussed, and received from CDAP will remain confidential. This NDA is for the duration of all registered courses and shall continue for 2 years after the final course end date. CDAP reserves the right to recover any and all legal fees incurred in the enforcement of this NDA, and to seek punitive damages for violations of this NDA.
- 4) **Image Waiver:** Student hereby consents to and authorizes the use and reproduction by CDAP of any and all photographs, recordings, videotapes and/or other reproductions of my, my child's likeness for any purpose, whatsoever, without compensation. All images shall constitute the property of CDAP, solely and completely.
- 5) **Not a Day Care:** CDAP is not a day care facility; its sole purpose is to teach the art of Dance. CDAP is not responsible for the supervision and care of children after school or in a summer camp. Further, children are free to come and go and do not have to attend classes, activities, etc. at CDAP if they do not wish to do so.

#### **NOTICE OF CONSUMER RIGHTS**

1. If the School is closed for one (1) month or more, you are entitled to your choice of either a prorated credit to your account or a prorated refund. If the closing is not the fault of CDAP, CDAP is entitled to choose either remedy.
2. If you become disabled for at least two (2) months during the registration term you will be given a prorated credit to your account equal to amount of time lost or the remainder of your registration period, whichever is lower. If the disability lasts for more than one (1) year, you will instead receive a prorated refund for the remainder of your registration period. To receive a credit or refund, you are required to contact the School Office to provide written verification of the disability by a physician.
3. You may cancel this contract without penalty or further obligation within three (3) business days after the date of this agreement. Notice of cancellation must be in writing and delivered in person or by certified or registered mail. If you cancel, you are entitled to a full refund of all monies paid in this agreement.