



Ryann's Dance Academy

2024-2025

641-202-9507

www.ryannsdanceacademy.com

121 N Taylor

Mount Ayr, IA 50854

REGISTRATION FORM

\$25 Registration Fee/\$100 Team Fee

Dancer Name: _____

Birthdate: _____ Age: _____ Name of School: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent's Names: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Email Address: _____

Emergency Contact Person: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Please list any concerns RDA should know about, i.e. Allergies/Illness, etc. (Confidential)

Class Name: _____ Day/Time: _____

Class Name: _____ Day/Time: _____

Class Name: _____ Day/Time: _____

Previous Dance Experience: _____

METHOD OF PAYMENT

***Due upon registration: tuition, registration fee ***

Tuition: \$ _____

Registration Fee: (non-refundable) \$ _____

Total: \$ _____

Check #: _____ Cash: _____ Credit Card: _____ Venmo _____

Signature: _____ Date: _____



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WAIVER OF LIABILITY

I, the undersigned parent or legal guardian of the dancer(s) _____, do hereby give permission for the aforementioned persons to participate in any and all classes, programs, shows, and events offered by or attended by **Ryann's Dance Academy (RDA)**. I hereby accept all risks associated with that participation and understand that there is a full possibility of physical illness or injury. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against **RDA** and its owners, officers, directors, employees, and/or other assigned representative of volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the dancer(s) listed above while participating at or for **RDA**.

Signature of Parent or Legal Guardian

Date _____

PHOTO AND VIDEO RELEASE FORM

I hereby authorize and agree that **Ryann's Dance Academy (RDA)** may take and use photographs or videos of _____ as needed for its record keeping, advertising, social media and/or public relations projects and that I have no rights to the same and will not be compensated for the same. My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.

Signature of Parent or Legal Guardian: _____

Date: _____