

Ryann's Dance Academy

2024-2025

641-202-9507

www.ryannsdanceacademy.com

121 N Taylor

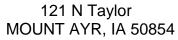
Mount Ayr, IA 50854

# **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:	Fathe	r'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:	ss 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:	

#### RYANN'S DANCE ACADEMY



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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: \_\_\_\_\_

