



Dotty McGill Dance

2024/25 Registration Form

REGISTRATION FEE \$25 Individual~\$45 Family ~ Due at Registration

214 1/2 S. Broad Street ~ Grove City, PA 16127

Please read DMD Policy letter prior to filling out and signing.

dmdance@gmail.com ~ dottymcgilldance.com

You may mail to 302 Edgewood Ave, Grove City, PA 16127

Date

STUDENT INFORMATION

Last	First	M.I.	Birthdate	Age
			/ /	

New student For new students-How many years have you danced _____

PARENT/GUARDIAN INFORMATION

Father	Mother	Other	Relationship to Student
Address		City	Zip Code
Primary Phone ()	Alternate Phone ()	Email Address	

PLEASE CHECK THE CLASSES YOU WISH TO TAKE

Level Placement based on instructor recommendation – *Prior class attendance and/or age requirements may be required. **Classes will be taken according to team level and ability.

- | | | |
|---|--|---|
| <input type="checkbox"/> Tiny Tots (2-year-old) | <input type="checkbox"/> Tap/Ballet Level II* | <input type="checkbox"/> Ballet/Cecchetti* |
| <input type="checkbox"/> Mini Movers Age 3 Combo Class | <input type="checkbox"/> Tap/Ballet Level III* | <input type="checkbox"/> Tap* |
| <input type="checkbox"/> Kinder Kids Age 4 Tap/Ballet Combo | <input type="checkbox"/> Kinder Acro Age 4* | <input type="checkbox"/> Jazz/Stretch* |
| <input type="checkbox"/> Tap/Ballet Level I Age 5+* | <input type="checkbox"/> Acro * | <input type="checkbox"/> Competition Team** |

PAYMENT AGREEMENT

I agree to be responsible for tuition payments until notification of withdrawal. If withdrawal is necessary, I understand that advanced written notification must be submitted to the dance studio one month prior to withdrawal. If the dance studio is not notified, my account will remain active and I will be responsible for tuition, regardless of student absences. I know that payment is due by the 10th of each month. A Credit Card Authorization Form MUST be on file for each student/family. Unless payment is received by check or cash by the 10th of month, the credit cards on file will be charged. Any tuition not paid by the 15th of the month will be subjected to a \$10 LATE FEE. I am aware that there are NO REFUNDS or DEDUCTIONS for classes not attended. Tuition payment is due monthly September 2024-June 2025.

Parent/Guardian Signature

WAIVER AND RELEASE AGREEMENT

I, the undersigned parent and/or guardian of _____, a minor, upon signing this agreement do hereby acknowledge that the activities that I have requested my daughter/son participate in may be stressful on the body and carry with them the risk of physical injury. Therefore, I hereby release, discharge, and agree to hold harmless and safe from any and all liabilities DOTTY MCGILL SCHOOL OF DANCE (Annita J. Garvey DBA Dotty McGill School of Dance) and any of the teachers or assistants from any and all claims, demands, actions, and causes of action arising out of the activities of said business, specifically including dance, acrobatics and related classes, practices and performances.

With the above in mind and being fully aware of the risks and possibility of injury involved, I consent to have my child participate in the program offered by Dotty McGill School of Dance (Annita J. Garvey DBA Dotty McGill School of Dance). I do waive and release all rights and claims for damages that I or my child may have against DOTTY MCGILL SCHOOL OF DANCE (Annita J. Garvey DBA Dotty McGill School of Dance) and/or it's representatives whether paid or volunteered.

Parent/Guardian Signature

MEDICAL CONSENT

It is the policy of DOTTY MCGILL SCHOOL OF DANCE (Annita J. Garvey DBA Dotty McGill School of Dance) and/or staff to notify a parent when a child is in need of medical attention. Occasionally, we cannot contact a parent/guardian and need immediate help for a student. Please sign below to allow DOTTY MCGILL SCHOOL OF DANCE (Annita J. Garvey DBA Dotty McGill School of Dance) to take appropriate action on behalf of your child.

I, THE PARENT/GUARDIAN OF _____, UNDERSTAND THAT MY SIGNATURE ON THIS AGREEMENT GIVES MY CONSENT TO THE STAFF OR THOSE REPRESENTING DOTTY MCGILL SCHOOL OF DANCE TO TRANSPORT MY CHILD TO A HOSPITAL OR CALL AN AMBULANCE SO EMERGENCY CARE CAN BE GIVEN. I ALSO GIVE MY PERMISSION TO ADMINISTER EMERGENCY CARE.

Medical Condition (Please list any allergies, physical challenges, or chronic conditions that we should be aware of.)

Parent/Guardian Signature

IN CASE OF EMERGENCY~CONTACT

Name-1st contact _____ Relationship to Student _____

Primary Phone _____ Alternate Phone _____
() ()

Name-2nd contact _____ Relationship to Student _____

Primary Phone _____ Alternate Phone _____
() ()

PHOTO/VIDEO RELEASE

Dotty McGill School of Dance may use photos or video of your child for social media, website, news releases, marketing and advertising or other publicity. Please sign below to grant your permission to use your child's photo/video for the purposes listed above.

Parent/Guardian Signature
