

International Dance Academy

Adult Registration Form



STUDENT'S FULL NAME: _____

ADDRESS: _____ POSTAL CODE: _____

HOME PHONE #: _____ E-MAIL ADDRESS: _____

(MANDATORY)

MEDICAL CONDITIONS/ALLERGIES: _____

In case of emergency contact:

1ST: _____ PHONE #: _____ OR _____

2ND: _____ PHONE #: _____ OR _____

Any student studying dance takes on certain incumbent risks. These include, but are not limited to sprains, pulled muscles and broken bones. Participation in any classes, performances, competitions, or any other related activities with International Dance Academy indicates acceptance of such risks. Therefore, IDA, its directors, owners, instructors, agents, employees, etc. assume no responsibility for personal injury or property loss. The undersigned represents that the student named herein is physically sound and has medical approval to proceed with normal routine exercise applicable to the dance arts. The undersigned also understands, and agrees that IDA reserves the right, at any time, to void this membership for any action by the member, that the IDA deems undesirable. The undersigned further gives permission to have staff of IDA arrange for any emergency medical care including transportation, if necessary.

I, the undersigned, do hereby understand and do hereby agree that photographs, videotapes and film may be taken by International Dance Academy staff and/or agents during any of the various school activities (classes, performances, competition, recreational activities, etc.) in the school year and may be used for promotional, archival, educational or other purposes of said child named herein.

Should International Dance Academy need to close its facility for any reason, pandemic or otherwise, classes will move to ZOOM, no refunds.

1) WHAT FORM OF ADVERTISING INTRODUCED YOU TO OUR SCHOOL? (PLEASE CIRCLE)

- | | | |
|---------------------|-----------------|-------------|
| - FORMER STUDENT | - THE KEY | - WEBSITE |
| - YELLOW PAGES | - THE SOURCE | - FACEBOOK |
| - CHRONICLE JOURNAL | - WORD OF MOUTH | - INSTAGRAM |
| - OTHER: _____ | | |

2) CLASSES STUDENT WISHES TO ENROLL IN? (PLEASE CIRCLE)

PRIVACY POLICY

Any personal information collected by International Dance Academy, including address, emergency contact information, and medical information is for internal use only. It will not be shared with any external organizations without your expressed consent.

DATED: _____

(PARENT'S/GUARDIAN'S SIGNATURE) (IF STUDENT UNDER 18 YRS)