



Fall Session 2017
STUDENT
 Enrollment Form

Karen's Dance Academy
 900 Lyon Street
 Hannibal (573)221-4944

Academy
 Fall session dates:
 Sept. 5, 2017- Dec. 14, 2017

MONDAY	STUDIO 1	STUDIO 2	STUDIO 3
4:00 - 4:50	<i>Preteen KDEttes</i>	<i>Junior KDEttes</i>	
4:50 - 5:40	<i>Preteen KDEttes</i>	<i>Junior KDEttes</i>	Tumbling 1
5:40 - 6:30	<i>Preteen KDEttes</i>	9-Teen Dance Combo	Mini Cheer Class (ages 3-6)
6:30 - 7:20	6-8 Dance Combo	Pre-Pointe Ballet	*Tumbling 2
7:20 - 8:10	*Hip Hop 2	HLGU movement class	Youth Cheer Class (ages 7+)
TUESDAY	STUDIO 1	STUDIO 2	STUDIO 3
4:00 - 4:50	<i>Intermediate KDEttes</i>		
4:50 - 5:40	<i>Intermediate KDEttes</i>		<i>Mini Cheer Team</i>
5:40 - 6:30	<i>Intermediate KDEttes</i>	6-8 Dance Combo	4:50-6:30
6:30 - 7:20	Technique	Beginning Ballet	*Tumbling 2
7:20 - 8:10	Hip Hop 1	Ballet Barre	*Tumbling 3
WEDNESDAY	STUDIO 1	STUDIO 2	STUDIO 3
4:00 - 4:50	<i>Senior KDEttes</i>		
4:50 - 5:40	<i>Senior KDEttes</i>		
5:40 - 6:30	<i>Senior KDEttes</i>		Wee Dance (ages 2&3)
6:30 - 7:20	Technique	4-5 Dance Combo	<i>Sapphires Cheer Team</i>
7:20 - 8:10		Ballet Barre	5:00-8:00
THURSDAY	STUDIO 1	STUDIO 2	STUDIO 3
4:00 - 4:50	* <i>Hip Hop 3</i>		
4:50 - 5:40	* <i>Lyrical 2</i>		<i>Youth Cheer Team</i>
5:40 - 6:30	Technique	4-5 Dance Combo	5:00-8:00
6:30 - 7:20	Lyrical 1	Ballet Barre	Tumbling 1
7:20 - 8:10		* <i>Pointe Ballet</i>	

Student Name: _____

Student Gender: F / M Student age: _____ Student date of birth: ____/____/____

Account Holder Name: _____

Parent/ Guardian Name (if different than acct. holder name): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone/ Cell Number: _____

Email: _____

Emergency contact/ phone #: _____

Injury/ Waiver of Liability/ Authorization

I understand that participation in dance/tumbling/ cheer classes, rehearsals, performances and traveling to and from these activities, with or without supervision, may give rise to personal injury. I do hereby voluntarily participate in said activities with that knowledge, and agree to accept all risks arising therefrom. I do hereby release and hold harmless Karen's Dance Academy L.L.C. from any and all actions, damages, claims or demands that I may have against Karen's Dance Academy its officers, directors, members, and/or persons employed or engaged by the company from all liabilities known or unknown in the event of an accident, including but not limited to bodily injury, personal injuries, and loss or damage to property. I accept responsibility for obtaining appropriate accident, health and hospitalization insurance to cover the student in the event of personal injury. In the event of an injury or medical emergency, I authorize Karen's Dance Academy to seek medical assistance and agree to be responsible for medical expenses incurred on behalf of the student. I have read and agree to the above- My child has permission to take part in Karen's Dance Academy.

Parent/ Guardian Signature: _____ Date: _____

Initial to indicate that you have read, understand and agree to comply with the policies listed in the KDA studio handbook.

STUDIO MEDICAL/ HEALTH and ALLERGIES

Please note any medical/ health information that would be of importance/ beneficial to the classroom instructor or applicable in the studio environment OR write NONE.

Please note if your child carries an epi-pen, medications or immediate action to be taken in case of allergic reaction:

***In the event that an injury should occur that requires immediate medical attention, I understand that the staff of KDA will call 911 and I assume the responsibility for payment of any such treatment. ***

AUDIO/ PHOTO/ VIDEO MEDIA RELEASE FORM

I grant permission to Karen's Dance Academy LLC and its agents or employees to use photographs and/ or video and audio taken of myself/ my child. These images may be used in educational and documentary materials, such as Public Service Announcements, Grant Applications, Video Documentaries and both printed and online newsletters. Furthermore, I authorize the use of my image, likeness and voice for all program promotion, materials and any other purposes in connection with the program deemed appropriate and necessary by Karen Frantz and Karen's Dance Academy LLC.

I hereby agree to release, defend and hold harmless Karen's Dance Academy LLC and its agents or employees, including any firm publishing and/ or distributing the finished product in whole or part, whether on paper, via electronic media, or on websites, from any claim, damages, or liability arising from or related to the use of the photographs/ video, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, it's publication or distribution.

I am 18 years of age or older and have read this release before signing. I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

YES/ NO (circle one) The studio has my permission to share photos/ videos that include my child, via the local newspaper, news station and/ or social media.

Signature _____

Date _____

*******STUDIO OFFICE STAFF USE ONLY PLEASE*******

Initial studio session class tuition (combo class, beginning ballet, technique, ballet barre, hip hop, lyrical, cheer)	\$45	<p>▶ To secure enrollment in a class, the first month of tuition must accompany this form.</p> <p>▶ Enrollment forms accompanied by the first month of tuition, will have priority of available class spaces.</p> <p>▶ Once a class is full, it is closed and a waiting list is started.</p> <p>▶ Monthly tuition reserves a student's space in the class. Tuition total is due per month, regardless of how many class(es) are attended.</p>
Tumbling class only tuition	\$65	
Additional dance class tuition	\$10X ____ = \$ ____	
Additional tumbling and/ or cheer class tuition	\$20X ____ = \$ ____	
Cheer team tuition	\$10	
Non-refundable studio session registration fee	\$10	
Total amount due at enrollment:	\$ ____	
Total amount of tuition to be applied to this account monthly	\$ ____	

- ▶ Classes listed with * have pre-requisites or require teacher approval for enrollment
- ▶ Classes listed in *italic* require audition/invitation
- ▶ Classes listed in **bold** are considered specialty classes