

STUDENT ENROLLMENT FORM

Information contained in this form will be kept confidential and used only by

Chester Valley Dance Academy, LLC.

Summer _____ Fall 2008 _____

Male _____ Female _____

Student Name: _____

Class Day & Time: _____

Address: _____

City/State: _____ Zip: _____

Age: _____ Birthday: _____ Grade: _____

Mother's Name: _____

Father's Name: _____

Home Phone #: _____

Work Phone #: _____

Please list any medical conditions that might be affected or aggravated by participation in any activities at Chester Valley Dance Academy, LLC:

Policy on Instructor-Student Contact

Chester Valley Dance Academy, LLC strives to offer teaching that is individual and hands-on. In the world of dance, it is appropriate for a member of the faculty to physically position a pupil in order for progress to be made in regard to technique. The School neither condones nor tolerates any touching of students by instructors that is harmful or professionally reckless. Before enrolling a student, please consider that it is a school policy to correct dancers with physical contact. If the student of parent/guardian is uncomfortable with this policy, you may wish to reconsider enrolling the student. Students and Parents understand the policies of Chester Valley Dance Academy, LLC and will abide by them: failure to do so may result in suspension or expulsion from classes or activities with the academy. I understand that I must notify **the Academy director in writing prior to the start** of any activity or session, if I do not wish my child to participate or continue in any class or activity.

I hereby represent Myself/My Child to be in good physical health and recognize the possible dangers connected with any physical activity. I am fully responsible for any sickness, loss, or injury that may result regardless of presumed fault.

Members/Visitors knowingly and voluntarily waive any right or cause of action of any kind, both now and in the future for whatsoever may arise as the result of any occurrence from which any liability may or could accrue to Chester Valley Dance Academy, LLC, it's owners, members, officers, agents, or instructors. The students and their parents hereby assume all risk and responsibility if any injury, illness or loss sustained out of participation in any class or activity held by or in conjunction with Chester Valley Dance Academy, LLC should occur.

I understand that Chester Valley Dance Academy, LLC is not responsible for the drop off/pick up arrangements for any student, and once the student has left the class the parents/guardians are fully responsible for the student. Parents/guardians should advise the student not to leave the center building. Any special arrangements must be given to the director in writing at the beginning of any class. I understand that I must see my child (children) in/out of the Chester Valley Dance Academy, LLC studio.

(Signature of Parent/Guardian)

(Date)

**Mail to the following Address:
Chester Valley Dance Academy, LLC
P.O. Box 445
Exton, PA 19341**

**For questions on registration fees and tuition
please call us at: 610-594-2771 or
www.chestervalleydanceacademy.com**