

The Northern WV Performing Arts Academy
 950 Parkway Drive, Morgantown, WV 26501 Phone: (304) 292-3119
 www.performingartsacademyllc@hotmail.com

THE NWVPA REGISTRATION FORM 2015-2016

Student Name: _____ Age: _____ date of birth: _____ Grade: _____

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Parents Name: _____ Phone: (H) _____

Address: _____ (W) _____

_____ (C) _____

Email: _____ How did you hear about our studio? _____

Point of Contact in the Event of an Emergency: _____

Are there any medical issues we should be aware of? _____

Please Circle Classes You Wish To Take:

- Creative movement (3-4yrs old) Combo (5-6 Yrs old) Ballet/Acro Combo (5-6 yrs old) Tap/Jazz
- Ballet Jazz Acrobatics Tap Lyrical/Comtemporany Hip-Hop Stretch &Turns Acro Technique
- Ballet Technique Pre-Pointe Pointe Tumbling Baton Twirling Adult Classes (specify) _____

I am interested in a (subject to availability): Private Duo Trio Specialty Group in:

***Non-Refundable Registration Fee:** \$25.00 for first child & \$10.00 for each additional child per family.

of Children _____ Check # _____ TUITION \$ _____ (-) Discount: _____ %

Amount Paid: \$ _____ Date: _____ TOTAL DUE PER MONTH: \$ _____ +costume deposits _____

***Payment Plan:** Payments may be made in 10 monthly installments (Sept. thru June). A \$5.00 late fee will be added on the 16th of each month. September is payment #1 and June is payment #10. *Late fees start on October 16th.*

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian of _____, I hereby consent to the aforementioned person participating in performing arts instruction at The Northern WV Performing Arts Academy. I understand that potentially severe injuries can occur in any activity involving height and motion, including dance and acrobatics and tumbling.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury while training or performing for The Northern WV Performing Arts Academy.

I hold harmless The Northern WV Performing Arts Academy, its owner, and its teachers for injuries that may occur during class instruction. I fully understand the above acknowledgment and policies of The Northern WV Performing Arts Academy.

Parent or Legal Guardian: _____ Date: _____