Shely Pack Dancers Registration Form 2023/24

PARENT NAME (Billing Name)	
EMAIL ADDRESS (please write c	learly)
MAILING ADDRESS	
CITY	ZIP CODE
	HOME PHONE
EMERGENCY CONTACT	PHONE
STUDENT'S NAME	
BIRTH DATE	
	GRADE
	DITITONS
DR'S NAME/PHONE	
CLASSES and/or COMPANY	
PRE-PETITE PETITE COMPA	NY JUNIOR COMPANY TEEN COMPANY
	ndicate if you are taking any additional/optional classes)
CLASS	DAY/TIME
	DAY/TIME
	DAY/TIME
Registration Fee \$85.00	
Cash/Check Venmo	Charge Card on File
I am aware that tuition payments are	e due in full the FIRST CLASS DAY of each month. If paid after
the 10 th of each month, I will be responsible for the full tuition charge as stated in the tuition schedule and a \$25.00 late fee. I also understand that absolutely no pro-rating of tuition will be made.	
and a \$25.00 late fee. I also understa	nd that absolutely no pro-rating of tuition will be made.
activity(ies) and I further agree on behalf of mys Pack Dancers Studio LLC, its agents, employees	ont Form by agree to allow the individual(s) named herein to participate in the aforementioned elf and my minor child/ward to release, indemnify and defend, and hold The Shely independent contractors, and volunteers, harmless from, and against any and all sing out of, or in anyway connected with participation by the aforementioned
I understand the hazards of Covid-19 and am acknowledge and understand that the circumstan guidelines are regularly modified and updated an	familiar with the Center of Disease Control and Prevention guidelines . I ces regarding Covid-19 are changing from day to day and accordingly, the CDC and I accept full responsibility for familiarizing myself with the most recent updates. I thely Pack Dancers Studio LLC from and against any and all claims, arising from or Covid-19.
I, on behalf of my minor child/ward, agree to accidents may occasionally occur during this act assumption of risk discharges the Shely Pack Da all liability arising out of, or connected in any wathat liability might arise out of negligence or care Studio LLC its agents, employees, independent of	participate in this activity knowing that it may involve risk of serious injury, and that ivity, and thus assume any and all such associated risks. This waiver, release, and neers, its agents, employees, independent contractors, and volunteers from any and ay with, participation in this activity by the individual(s) named herein, even though elessness on the part of The Shely Pack Dancers
The Shely Pack Dancers or its authorized agents may photograph and/or videotape participants in Shely Pack Dancers sponsored recreation activities. I hereby acknowledge and consent to the Shely Pack Dancer's use of the aforementioned individual(s)' name, voice, photograph, video, and/or likeness in the Shely Pack Dancers website, Shely Pack Dancers advertising, and any promotional material uses related to the Shely Pack Dancers.	
Parent Signature	Date