



SOCAL FRENCH DANCE ACADEMY

702-526-2723

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## **SoCal French Dance Academy**



contact@socalfrenchdanceacademy.org

IG @socal\_french\_dance\_academy

### **2026 STUDENT REGISTRATION**

Student's full name :

Date of birth :

Age :

Grade :

Parent's full name :

Address :

City/State :

Zip :

Phone number :

Email :

Emergency Contact :

Full Name :

Phone number :

Email :

Previous Dance Training :

How did you hear about SCFDA ?

## **PAYMENT OPTIONS**

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## **WAIVER AND RELEASE**

By signing this waiver, I, the undersigned parent or legal guardian, acknowledge and fully understand that participation in the dance class at LFSD with SoCal French Dance Academy may involve a low risk of injury associated with any dance exercise program. I voluntarily choose for my child to participate in SCFDA's program and expressly agree that I hereby release, discharge, and hold harmless LFSD and SoCal French Dance Academy, including their instructors, staff, and affiliates, from any and all claims, liabilities, and expenses arising from or in connection with my child's participation in the dance class or in any event, program, or show given or sponsored by SCFDA, including any injury resulting therefrom.

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## **PAYMENT AND REFUND POLICY**

1. Payment for classes is due and payable in advance.
2. A signed registration form is required from all students prior to taking any class.
3. Payments are not refundable or transferable. There are no refunds.
4. Students may not attend class if ill or showing any symptoms of illness.

I have read and accepted the above WAIVER AND RELEASE.

Print Name

Signature

Date