

THE GRIFFITH ACADEMY

Student Registration Form

Contact Information: (One Student Per Form – please fill out all information carefully and legibly)

Student Name (First/Last):		Date of Birth:	
Student Cell (over 14 only)		Student email (over 14 only)	
Parents Name(s):			
Street Address:	City or Town:	State:	Zip Code:
Primary cell phone:		Secondary cell phone:	
Primary email address:	Secondary email address:	Previous Dance Experience:	

Classes: Please enter class information.

Please Check Preference for each class

Class 1: (i.e. Irish/Ballet/Tap):	Day:	Time:	<input type="checkbox"/> Virtual <input type="checkbox"/> In-person
Class 2:	Day:	Time:	<input type="checkbox"/> Virtual <input type="checkbox"/> In-person
Class 3:	Day:	Time:	<input type="checkbox"/> Virtual <input type="checkbox"/> In-person
Class 4:	Day:	Time:	<input type="checkbox"/> Virtual <input type="checkbox"/> In-person
Class 5:	Day:	Time:	<input type="checkbox"/> Virtual <input type="checkbox"/> In-person
Class 6:	Day:	Time:	<input type="checkbox"/> Virtual <input type="checkbox"/> In-person

Medical Information: Asthma Yes: ___ No: ___ If yes, use of Inhaler: Yes: ___ No: ___

Allergies: _____

Current or chronic medical conditions/injuries: _____

Liability Disclaimer:

→If my child exhibits fever, shortness of breath, cough, chills muscle pain, sore throat, loss of taste or smell, or has been exposed to someone who has COVID-19, I will not bring my child to class. **Initial:** _____.

→If my child displays any of these symptoms while at the Griffith Academy, he/she will be sent home. **Initial:** _____.

→I will not hold The Griffith Academy or it's Staff liable should a student or family member contract COVID-19. **Initial:** _____.

→The Griffith Academy will not be held responsible for any health problems or for any accident resulting from a student's negligence, or from failure to inform the Academy of any condition affecting a student's health, either on this form or during the period of lessons. **Initial:** _____.

Tuition Policy: I have read the Tuition Policy and am aware of late fees. **Initial:** _____.

Photo Release Consent: I authorize, acknowledge, and give consent to the Griffith Academy for the taking of photos and video and the possible use of these materials in print and digital media associated with the Griffith Academy for the above named student. This release is valid unless expressly revoked by the undersigned in writing. **Initial:** _____.

Parent or Guardian Signature: _____

OFFICE USE ONLY:

Class #'s _____ Amount Paid _____ Check # _____ Date _____ By _____