



Private Lesson Registration Form

Student Information:

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Medical Conditions/Allergies: _____

Years of Dance Training: _____

(If applicable) Parent First Name: _____

Parent Last Name: _____ Phone: (____) _____

Email: _____

Emergency Contact:

Name: _____ Phone: (____) _____ Relation: _____

How did you hear about us? _____

Momentum Dance Arts Waiver:

- ***Scheduling/Cancellations:*** Lessons must be scheduled/paid for in advanced. No private lesson will be scheduled until paid for. All cancelations must be made at least 48 hours before scheduled private lesson time. Cancellations must be communicated to the front office by calling (352) 575-3404 and by emailing mdaofficestaff@gmail.com. If you do not properly cancel within 48 hours your private lesson fee will not be credited. If a cancellation is arranged within 48 hours, the balance will be applied towards future lessons (no refunds). With less than 48 hour notice, private lessons may be canceled, however you will forfeit your lesson fee and not receive a credit.

Participant Signature: _____ Date: _____

- The undersigned participant hereby holds harmless Momentum Dance Arts LLC , its owner, its employees, and/or its contractors from all manner of suits, actions, demands, and liabilities which may arise from my participation and the participation in any physical activity, dance class, rehearsal, performance, event, etc. I understand that this waiver constitutes a full and complete waiver of all possible claims, including claims for negligence, personal injury, property damage, and loss of property arising out of my participation in dance rehearsal, performances, events, etc. I've read the above "Medical Waiver" and agree to the terms.

Participant Signature: _____ Date: _____

- Momentum Dance Arts LLC is a “hands on” learning environment. To properly teach placement and demonstrate dance techniques physical interaction is often used. This is normal practice and necessary for teaching of dance. I, the participant, understand this, and I give my consent for this type of teaching.

Participant Signature: _____ Date: _____

- Momentum Dance Arts LLC does all that it can to ensure all dancers are safe from injury, but should an emergency arise, your signature is required to give Momentum Dance Arts LLC authorization to treat you and/or call an ambulance if necessary.

Allergies to medication or food: _____

Preferred Hospital: _____ Primary Doctor: _____

Participant Signature: _____ Date: _____

We look forward to sharing our passion for dance excellence with you!