

**Registration Form
Online Registration at**

<https://app.jackrabbitclass.com/jr3.0/ParentPortal/Login?orgID=537908>

Please Print

Parent/Guardian (this will be the account name) _____

Relationship to the dancer: _____

Contact Phone Number _____

Email _____

Address _____ City _____ State _____ Zip _____

Emergency contact during class hours _____ Phone _____

Allergies/Medical Conditions _____

Please list below the class/classes you will be enrolling in

Student Name _____ **DOB** _____ **Grade (Fall of 2024):** _____

Fall Classes (September 9, 2024)

Class: _____ Day & Time: _____

Class: _____ Day & Time: _____

Class: _____ Day & Time: _____

Class: _____ Day & Time: _____

Class: _____ Day & Time: _____

Class: _____ Day & Time: _____

Class: _____ Day & Time: _____

OVER

Pennsylvania Performing Arts Center (PPAC, LLC)

Release

I understand the Pennsylvania Performing Arts Center does NOT carry medical insurance for its students and it is required that my children/myself be covered by our own medical insurance policy. If an injury occurs, it is understood our personal medical insurance is our only source of reimbursement. In case of emergency or sudden illness, I hereby give authority to any hospital or doctor to render immediate emergency aid as might be required for the undersigned student's health and safety. I agree to hold harmless the Pennsylvania Performing Arts Center, Whitehall PA, and all its employees from any claims, including personal injury, arising from any activities, classes, etc. that I or the student participate in including g transportation to and from any Pennsylvania Performing Arts Center events. From time to time the Pennsylvania Performing Arts Center may record or take photos of studio classes, activities etc. which may include my child or myself. I hereby grant permission to the Pennsylvania Performing Arts Center to use these photos or recordings for the purpose of illustration, advertising, or publication in any manor deemed reasonable by the Pennsylvania Performing Arts Center.

Please initial next to each of the following statements; initialing means I have read, understand, and will follow the policies below:

Fall tuition is due by the first day of every month, regardless if the studio is open, or late fees will be applied according to late fee policy as written in the handbook & on my account _____

I will log into my account and read and accept/decline all policies 5 days after registration. If I do not do so within 5 days, I will be held in agreement to ALL polices listed. _____

I know I must keep a credit card on file. _____

I would like to continue with automatic payment for 2024/2025 season. YES _____ NO _____

I would like my tuition to be charged on. 1st _____, 5th _____, 10th _____

Parent/Legal Guardian Signature

_____ Date _____

Office Use Only

___ Returning Student/Family ___ \$10 ___ \$15 Date Paid _____

___ New Student/Family ___ \$25 ___ \$30 Date Paid _____

Office Staff Completing & Entering in Data Base: _____ Date: _____