



# RETURNING STUDENT REGISTRATION FORM 2023-2024

## STUDENT INFORMATION: (Please Print)

Student's Full Name \_\_\_\_\_ Pronouns \_\_\_\_\_  
 Parent's Email Address \_\_\_\_\_ (Most common communication method)  
 Additional Email (if desired) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_, NH Zip \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
 Special Medical Condition(s) \_\_\_\_\_  
 Parent/Guardian 1 \_\_\_\_\_ Relationship \_\_\_\_\_  
 Primary Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Parent/Guardian 2 \_\_\_\_\_ Relationship \_\_\_\_\_  
 Primary Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PHOTO-VIDEO RELEASE:** I hereby grant permission for EAD, LLC to take pictures and/or videos of my child to use in promotional materials, on our website, and social media  
 Yes I give permission  
 Group photos and videos are permitted, but no individual photos  
 No, I do not give permission

## CLASSES I AM REGISTERING FOR:

Type of class	Day	Time

## PAYMENT OPTIONS: Check payment option, then check off lines below that apply, and sign and date

**Note: Registration fee must be turned in with this form and the accident waiver to reserve your spot**

<input type="checkbox"/> MONTHLY (nine equal payments) Sept-April due the first class of each month and May payment due with registration or before first day of class.	<input type="checkbox"/> FULL SEASON (one payment with a 5% discount or 2% discount if paying by credit card/paypal/venmo) due with registration or before first day of class.
A \$25 late fee is applied to the account after the 20th of the month.	

I have enclosed the \$15 registration fee  
 I have read and signed the Accident Waiver/Medical Release Form  
 I understand that I am registering for the **nine-month** season, September through May. If I choose to withdraw from the school at any point during the season, I will give at least one month's notice in writing with pre-paid May tuition applied to that month.  
 I have enclosed the cost for the recital link: \$15 per student \$25 per family. (See cover letter for more details)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: EAD, LLC**  
**MAIL TO: EAD, 233 MECHANIC ST, LACONIA NH 03246**

## **EAD, LLC ACCIDENT WAIVER & MEDICAL RELEASE (Minor Child)**

I, \_\_\_\_\_, the undersigned parent or legal guardian of my participating minor, \_\_\_\_\_, acknowledge that dance, Acrodance, yoga, and/or Kindersteps are athletic activities and carry the risk of physical injury. This risk is inherent to participating in any and all dance, Acrodance, yoga, and/or Kindersteps class(es).

I hereby agree to assume all of the risk of my child's participation in dance, Acrodance, yoga, and/or Kinderstepsclass(es)for as long as they are a student at EDGEWATER ACADEMY OF DANCE.

I acknowledge that this Accident Waiver form will govern my actions and responsibilities as the parent/legal guardian of my participating child.

In consideration of my child participating in dance, Acrodance, yoga, and/or Kindersteps at EDGEWATER ACADEMY OF DANCE, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to Waive, Release, and Discharge from any and all liability for personal injury or disability EAD, LLC, and its subcontractors.

I have made known to EAD, LLC any special physical conditions or prior injuries that may limit my child's participation in dance, yoga, Kindergym and/or Kindersteps class(es).

I hereby consent to medical treatment for my child, which may be deemed advisable in the event of injury, accident, or illness. Any expenses incurred for medical treatment shall be borne by the child's family.

This Accident Waiver and Medical Release shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law.

I hereby certify that I have read and understand the above....

---

**Signature of Parent/Guardian Date**

---

## **EAD, LLC ACCIDENT WAIVER & MEDICAL RELEASE (Adult)**

I, \_\_\_\_\_, the undersigned acknowledge that dance, and/or yoga are athletic activities and carry the risk of physical injury. This risk is inherent to participating in any dance, and/or yoga class.

I hereby agree to assume all of the risk of my participation in dance, and/or yoga class for as long as I am a student at EDGEWATER ACADEMY OF DANCE.

In consideration of my participating in dance, and/or yoga at EDGEWATER ACADEMY OF DANCE, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to Waive, Release and Discharge from any and all liability for personal injury or disability EAD, LLC, and its subcontractors.

I have made known to EAD, LLC any special physical conditions or prior injuries that may limit my participation in dance, and/or yoga class.

I hereby consent to medical treatment, which may be deemed advisable in the event of injury, accident, or illness, if I am unable to speak for myself. Any expenses incurred for medical treatment shall be borne by myself.

This Accident Waiver and Medical Release shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law.

I hereby certify that I have read and understand and agree to the above....

---

**Signature of Participant Date**