



B'More Dance Academy (BDA) 2023-2024 Registration Form

Parent Name: _____ Cell Phone: _____

Email Address: _____

Street Address: _____

City: _____ Zip Code: _____

Students Name	Birthday	Class Day	Start Time	Teacher
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

To my knowledge there are no physical disorders that would prevent my child/children from performing strenuous activity. I waive responsibility of B'More Dance Academy, formerly Karen Sachs Academy of Dance for any injury or illness which might result from participation in dance class, including COVID. By signing below, I also give my permission to the academy to use my child's picture on their website or for social media purposes and to charge tuition.

Are there any allergies/conditions our staff should be aware of? _____

Parent's Signature: _____ Date: _____

(BDA STAFF): AMOUNT PAID _____ FOR _____ Date: _____



**B'More Dance Academy (BDA) Auto Charge Form
2023-2024**

**3 Main Street
Reisterstown, Maryland 21136**

Date: _____

Student's Name _____

I authorize B'More Dance Academy/Dance Rags to charge my credit card for the following:

check all that apply

- Registration fee, due when registering
- Monthly tuition, 28th of each month (September 2023 - May 2024)
- Costume deposits (\$40 per class)
- Costume balance when costume arrives
- Recital Video Fee (\$25 charged on 1/28/24)
- Store/BDA merchandise

Does your child have permission to use your card on file for dance needs?

- Yes
- No

Additional Company/Competition Team Fees:

check all that apply

- Convention
- Specials tuition (solo/duo/trio)
- Competition fees
- All company related costs/fees

Credit Card Information:

- Visa
- Mastercard
- Discover
- AMEX

Credit Card # _____ **Exp date** _____

Verification Code _____ **Zip** _____

Signature: _____

*Charge Limit: Please don't charge more than \$ _____ at a time.

Do you want an itemized receipt emailed?

- Yes
- No