



Dear Parents and Dancers:

Thank you for your interest in our 2025 Summer Programs! To register for any of our summer programs please complete the attached registration and liability form. All programs can be listed on the same registration, but please fill out a separate form for each family member. Please note the day of the week and name of the class, or the name of the camp or intensive. If you are only taking dance class for a week or two, please include the specific weeks you plan to attend. If you are 18 and over, please contact the front desk for the Adult Liability Forms. For our 4-week dance class schedule, 1 class is a single class on a single day, so if you take Ballet on Monday and Ballet on Wednesday, that is considered 2 classes for tuition purposes. You can also mix and match classes at Pensacola and Pace under the same tuition schedule.

You can use a pdf editor to complete the form or you can complete the form by hand. Free apps, such as CamScanner, allow you to use your phone's camera to create a pdf of documents. Email completed forms to info@labelleperformingarts.com. Registration forms and payment can also be mailed to: LaBelle Performing Arts, 8253 Chellie Road, Pensacola, FL 32526. If you have a card on file with us, you can request to use that for payment. Your card will be charged upon receipt of your registration unless you have requested otherwise. If you do not have a card on file, you will be emailed an invoice to the email address on your registration. Payment can be made online through the invoice or in-person at the studio. Online payment forms include credit card, bank transfer, PayPal, and ApplePay.

Please contact the front desk at 850-944-5650 (Pensacola) or 850-994-1875 (Pace) with any questions or to make a payment over the phone. Payment must be received to hold your spot in class. A summary of our summer programs is posted on our website.

LPA SUMMER REGISTRATION 2025

STUDENT'S NAME _____

HOME PHONE _____ PRIMARY CELL _____

CONTACT EMAIL ADDRESS _____

ADDRESS _____ CITY _____ ZIP _____

AGE _____ DOB _____ GRADE LEVEL _____ YEARS OF DANCE _____

PARENT/GUARDIAN _____ CELL _____

PARENT/GUARDIAN _____ CELL _____

EMERGENCY CONTACT(S)/PHONE(S) _____

HEALTH CONCERNS _____

DO YOU PLAN TO FILE FOR STEP UP REIMBURSEMENT? YES NO

PARENT/GUARDIAN SIGNATURE _____ DATE _____

CLASS/DAY or NAME OF PROGRAM

WEEK(S) YOU ARE TAKING AND LOCATION



Child Liability Form

I, _____, have chosen to have my child(ren), _____, participate in instruction given by LaBelle Performing Arts ("LPA") at their Pensacola, FL and/or Pace, FL locations. I acknowledge that I understand the nature of the activities my child will be participating in and that my child is in the proper physical condition and capable of participating in the related activities, understanding that LPA is not in any way responsible for making such a determination.

In consideration of my child(ren)'s enrollment in LPA's programs, I understand and agree on behalf of myself and my child(ren), to release, hold harmless, and discharge LPA for all claims, costs, liabilities, expenses, or judgments, including attorney's fees and court costs for any occurrences in connection with any instruction. I assume all risks to my child(ren) in connection with any instruction, and further release LPA and its owners and employees from liability for any illness or injury sustained by my child(ren) while he or she is enrolled in any instruction program, including all risks reasonably connected with such activity, whether foreseen or unforeseen.

I understand that LPA is not responsible for my child(ren) or other children under my supervision who are left unsupervised in the common areas and areas surrounding the studio and that LPA will only be supervising my child(ren) when he or she is participating in scheduled activities, programs, or instruction.

I understand that LPA is not responsible for personal property that is lost, damaged or stolen while I or my child(ren) are at LPA or on LPA property.

I acknowledge and agree that it is my responsibility to maintain my own accident and health insurance coverage which provides adequate coverage for me and my child(ren) participating in LPA activities and that LPA does not provide accident and health insurance for those participating in its instruction, activities, or programs.

I authorize and agree that LPA may take and use photographs, videos or likenesses of me or my child(ren) as needed for its record-keeping, advertising, and public relations projects and that I have no rights to the same and will not be compensated for the same.

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation. I have read and understand the contents of this release.

Print Parent/Guardian's Name

Date

Parent/Guardian's Signature

8253 Chellie Road • Pensacola, FL 32526 • (T) 850.944.5650 • (F) 850.944.5161

4634 Lori Lane • Pace, FL 32571 • (T) 850.994.1875

www.labelleperformingarts.com