

Please complete this form, printing clearly, scan and email to newdirectionpaa@gmail.com OR mail to:
New Direction Performing Arts Academy, c/o Carrie Alexander Spina, 1433 Melrose Circle, Bolivar, Ohio 44612

NAME OF CLASS

DATE OF REGISTRATION

 / /

PERSONAL INFORMATION

Student Name :

Nickname :

Age:

Date of Birth : / /

School:

Gender Identity :

Phone Number:

Parent 1:

Parent 1 Phone:

Parent 2:

Parent 2 Phone:

Please list email address(es) to which we should send NDPAA communications:

Student Address:

City, State, Zip:

Emergency Contact:

I agree to release and discharge New Direction Performing Arts Academy (NDPAA) and its officers, directors, employees and agents of from any claims, demands, or liability of damage arising from the participation of my student in any classes or I programs sponsored by NDPAA. In addition, I understand pictures of classes may be taken and used for publicity and promotional purposes. I consent to any medical treatment necessary for my student in an emergency and acknowledge that any expenses incurred are my sole responsibility and will not be paid for by NDPAA. I am aware of the refund policy and acknowledge that no refunds will be given unless requested and approved up until one day before the start of classes.

Parent/Guardian Signature

You may complete payment by visiting ndpaa.ludus.com. If you prefer to pay by check, please mail your payment to:
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