

Academy of Dance Arts 2010

Dancer's Name _____
 (Last) (First)

Address _____ Phone # _____

City, State Zip _____

Birth Date _____ Circle One: M F E-mail _____

Parent or Guardian Responsible for the Billing:

Mother/ Guardian _____ Father/ Guardian _____

Place of Employment _____ Place of Employment _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Emergency Contact & Relationship : _____ Phone/s: _____

Classes Attending

Class Name:	Day:/Time:	# of Hours:
Total Hours		

Payment Agreement

Tuition Payment Plan: One-time Annual 10 Installments (August — May)
 Concert Payment Plan: One-time 3 Installments (August — October))
Make checks payable to Academy of Dance Arts

	Annual	Monthly
Tuition:	\$	
Registration Fee (New Students only):	\$	
Concert Fee:	\$	
Additional Costume Fee: X _____ =	\$	
Total Due:	\$	
Today's Payment:		

Reverse side must be completed

**Please read the following carefully before you sign.
The Academy of Dance Arts must receive this release prior
to your dancer attending class.**

RELEASE FROM LIABILITY: "I do hereby release The Academy of Dance Arts, Inc., the director, faculty, staff, officers, and volunteers from any liability occurring on or around studio premises, or at any function held at other locations in connection with the dance classes or performances in which the student named above is enrolled or participating. I declare that the student named above is in good health and can participate in dance education classes. Given the nature of dance classes, and with the knowledge that injuries sometimes might occur, I have taken the necessary steps to obtain accident, health, or hospitalization insurance which would cover any sustained injury. In the event of an injury or emergency when I cannot be contacted, I give my permission for you to obtain medical services for the student named above." I will also keep the director and faculty informed of any physical maladies that may potentially impede my child's participation.

MEDIA RELEASE: I give my permission for photographs, videos or television footage, which include my child to be used for promotional purposes on television, or in newspapers, magazines, or any other media including Academy of Dance Arts, Inc. produced publications.

AUTHORIZATION FOR ENROLLMENT: I authorize the Academy of Dance Arts to enroll the student named above in dance classes, and I accept the responsibility for the timely payment of tuition for those classes for which the student is registered. I also understand that there is a 10% Late Fee on any unpaid balance on my account. There is a \$30 fee for any returned checks due to insufficient funds. I understand that the classes with an enrollment of less than seven pupils are subject to cancellation or time change. In case of legal pursuit of tuition, I will assume all legal and court fees.

I understand that Registration Fees for annual classes and/or deposits for summer courses are non-refundable and there are no refunds or deductions for classes not attended.

I also accept responsibility for timely payment of the Concert Fee (s) for the student named on this form, unless I give you written notice by October 1st of the school year that the student will not be participating. Concert Fees are due by October 1st. I understand that once costumes have been purchased on October 15th, costume fees are also non-refundable.

I understand that I must give 30 days written notice of student's withdrawal from annual classes or I am obligated to pay the next month's tuition payment.

Signature of Parent or Guardian:	Date:
Insurance Provider/ Group Number:	
Allergies or Medical Conditions	

Office Use
Verified: _____ Date: _____

Account Number
