



*Waterford Dance Academy, Inc. 2011-2012 Season*

**NEW Student/Family Registration Form  
CLASSES BEGIN MONDAY SEPTEMBER 12<sup>th</sup>**

**Mail to:**  
Waterford Dance Academy  
656 Bridgeport Terrace  
Lindenhurst, IL 60046

**Fax to:** 847-265-1385  
(credit cards only)

**In person:**  
Call or check website for  
current front desk hours  
847-265-2654

\*Denotes required information

PARENT/GUARDIAN INFO: *FIRST NAME _____ *LAST NAME _____		
*HOME PHONE _____	CELL PHONE (optional) _____	
Email (optional) _____		
*HOME ADDRESS _____	*CITY _____	*ZIP _____
*EMERGENCY CONTACT NAME _____		*EMERGENCY PHONE _____

\*PARTICIPANT #1 NAME \_\_\_\_\_ \*DATE OF BIRTH \_\_\_\_\_

Please fill in your class choice(s) below:

CLASS NAME	CLASS DAY	CLASS TIME

\*PARTICIPANT #2 NAME \_\_\_\_\_ \*DATE OF BIRTH \_\_\_\_\_

Please fill in your class choice(s) below:

CLASS NAME	CLASS DAY	CLASS TIME

For 3 or more students, you may use the back of this form. Please be sure to include each child's date of birth.

**NO REFUNDS AFTER SEPTEMBER 11<sup>TH</sup> UNLESS YOUR CLASS IS CANCELED**

\*Please initial your choice of payment plan. Please note the Registration Fee\*\* MUST be paid at the time of registration according to each plan.

- \_\_\_\_ Monthly Plan by Autocharge / Bank Draft (download special form) Registration Fee required for this option: \*\*\$20 individual or \$30 family
- \_\_\_\_ Bill me for Half-Season (first 17 weeks) – due on/before September 1<sup>st</sup>. Registration Fee required for this option: \*\*\$20 individual or \$30 family
- \_\_\_\_ I'm paying for the Full Season upfront (34 weeks = 5% discount, NO Registration Fee!)

Remember to take an additional 10% off your total if enrolling 2 or more people from the same family!

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Paid with (X) Cash\_\_\_\_ Check # \_\_\_\_\_ Charge\_\_ (Visa, MC, Discover)

# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Authorized Signature \_\_\_\_\_

To allow Waterford Dance Academy to make charges to your credit card, please print numbers clearly and sign to authorize.

**Check Policy:** If your check is dishonored, a return fee of \$30 in addition to the original check amount will be electronically re-presented to your account and by signing below you acknowledge and authorize this.

**WAIVER & RELEASE AGREEMENT**

As a participant or as a parent/guardian of a participant in the programs of Waterford Dance Academy, Inc. I recognize and acknowledge there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss which I or my child/ward may sustain as a result of participating in any and all activities connected to or associated with this program. I agree to waive or relinquish all claims from injuries, damages, or loss which I or my child/ward may have arising out of, connected with, or in any way associated with Waterford Dance Academy, Inc. and its staff, agents or officers. I further give permission for myself, as a participant, or my child/ward to be photographed and/or video taped during any classes, rehearsals, or performances, any of which may be used for the purposes of promoting Waterford Dance Academy through newspaper articles, ads, brochures/fliers and the studio's website without releasing the participant's name.

**Office Use Only**  
Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
Balance Due September 1st \$ \_\_\_\_\_  
Balance Due January 21st \$ \_\_\_\_\_  
Monthly plan \$ \_\_\_\_\_

**I have read and fully understand the above waiver and I hereby release all claims.**

\*REQUIRED Parent/Legal Guardian Signature \_\_\_\_\_