



NEW Student Registration Form 2010-2011

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Legal Guardian Name: \_\_\_\_\_

Home Phone #(\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name & Phone # \_\_\_\_\_

Class Name	Class Day	Class Time

NO REFUNDS after September 12<sup>th</sup> unless your class is cancelled. If your check is dishonored, a \$30 return fee in addition to the original check amount will be electronically re-presented to your account and by signing below, you acknowledge and authorize this.

Minimum amount due ~ 1 Registration Fee Per Family = \$25.00

Paying with: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Charge \_\_\_\_\_ (Visa, MC, Discover)

Amount paid at registration: \$ \_\_\_\_\_ **Select:** Semester payment / Monthly payment

# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Exp. Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Auth. Signature** \_\_\_\_\_

We offer the "autocharge" option. By initialing below, you agree to allow Waterford Dance Academy, Inc. to charge tuition to the above credit card on 9-1-10 and 1-22-11 for the Semester payment plan or on the 1st of each month from September '10 thru May '11, if you opt for a monthly payment plan. Late registrations will be prorated according to student's start date.

2- Semester autocharge, Initial here: \_\_\_\_\_ \*Monthly autocharge , Initial here: \_\_\_\_\_

**Your choice to register**

- By Fax:** 847-265-1385 (credit / debit cards only)
- In Person:** 847-265-2654 (call for current office hours)
- By Mail:** Waterford Dance Academy ~ 656 Bridgeport Terrace ~ Lindenhurst, IL 60046

**Waiver & Release Agreement**

As a participant or as a parent/guardian of a participant in the programs of Waterford Dance Academy, 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 videotaped during any classes, rehearsals or performances. I understand any of which may be used for purposed of promoting Waterford Dance Academy through newspaper ads/articles, and brochures/flyers and the studio's website without releasing the participant's name. I have read and fully understand the above waiver and I hereby release all claims.

**Office Use Only**  
**Date Received** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Amount Paid \$** \_\_\_\_\_  
**Balance Due September 1st \$** \_\_\_\_\_  
**2nd Semester Balance Due January 22nd \$** \_\_\_\_\_  
**or Monthly plan \$** \_\_\_\_\_

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