

Waterford Dance Academy 2010 Summer Registration Form

Participant Information: *One form per child, please. If enrolling more than one child, please PHOTO COPY this form.*

Name _____ Age, by date of 1st class _____

Parent/Guardian Name(s) _____

Students completing classes at Waterford in Spring 2010 do not need to fill out this section, unless the info has changed.

Home Address _____

Home Phone _____

Emergency Contact Name _____

Emergency Contact Phone _____

Reference Code #	Class Name	Date(s) & Time Meeting	Weekly Schedule: If paying for individual classes only, specify which dates NOT attending

Payment Options (all fees must be paid in full with registration) **Amount Paid \$** _____

NOTE: Once payment has been received there will be NO refunds or credits 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.

Personal Check: remit to Waterford Dance Academy

Credit Card: Visa / MC / Discover # _____ - _____ - _____ - _____

Exp. Date _____ / _____ Authorized Signature _____

Mail to: Waterford Dance Academy ~ 616 Bridgeport Terrace, Suite H ~ Lindenhurst, IL 60046

or Fax to 847-265-1385 (fax only if paying with credit card)

Waiver and Release Agreement

As a participant or as the 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 my child/ward or I 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 or my child to be photographed and/or video taped during any class for purposes of promoting Waterford Dance Academy, including the Waterford Dance Academy website (without releasing the child's name).

I have read and understand this waiver and hereby release all claims.

Parent/Guardian Signature (REQUIRED) _____