

Office Use ONLY: Date: _____ Initial _____ IN Database _____

(Semester Tuition)

(Student #1) \$ _____ Costume Deposit \$ _____ Subtotal \$ _____
(Student #2) \$ _____ Costume Deposit \$ _____ Subtotal \$ _____
(Student #3) \$ _____ Costume Deposit \$ _____ Subtotal \$ _____
Registration Fee (per Family \$15.00) \$ _____

Payment Method _____ Bank _____ Check # _____ Amount \$ _____

(Quarterly Payments)

2nd Qtr.: \$ _____ Bill Date: _____ Received Date: _____ \$ _____ Ck # _____
3rd Qtr.: \$ _____ Bill Date: _____ Received Date: _____ \$ _____ Ck # _____
4th Qtr.: \$ _____ Bill Date: _____ Received Date: _____ \$ _____ Ck # _____

(Extra Payments)

Received Date: _____ \$ _____ Ck # _____ Bank: _____ (_____)
Received Date: _____ \$ _____ Ck # _____ Bank: _____ (_____)

The West End Academy of Dance

10620-C Patterson Ave., Richmond, VA 23238, #740-0842, www.westendacademy.com

Registration Form *(Please complete Front AND Back)*

Student Name (#1) _____

Age _____ DOB _____ Yrs. of Training _____

(Student #1) Class Selection

	<u>DAY</u>	<u>TIME</u>	<u>TYPE</u>	<u>PC #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Student Name (#2) _____

Age _____ DOB _____ Yrs. of Training _____

(Student #2) Class Selection

	<u>DAY</u>	<u>TIME</u>	<u>TYPE</u>	<u>PC#</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Parent(s) Name (PRINT clearly) _____

Address _____ **City** _____ **Zip** _____

Phone (Home) _____ **(Cell)** _____ **(Office)** _____

Email _____ **(NO Email, check HERE)** _____

Parent Signature _____ **Date** _____

Medical Information

This information enables us to deal effectively and responsibly with our students. ALL information is confidential.
Please specify which student when necessary (For example #1, #2 or #3)

1. Does your child have any medical conditions that may affect his/ her performance? Yes _____ No _____
2. Is your child on any regular medication that may affect his/her performance? Yes _____ No _____
3. Does your child have any physical problems in the following areas?
Knees _____ Back _____ Hips _____ Feet/Ankles _____ Neck _____ Other _____

If "yes" to any of the above, please explain: _____

Tuition/Costume Information:

We assume every student will continue Spring semester, unless we have written notice by: December 1, 2010. After such time, if we do not receive written notification, you are confirming your place in class for the ENTIRE YEAR (Fall & Spring). You will be responsible for ALL tuition & costume balances. You do not have to "re-register" for Spring.

Spring Semester bills will be mailed out by: January 15, 2011. Any balance on your account will be added to this bill. If the studio was not given notice of a drop for Spring Semester by: December 1, 2010, you are responsible for the entire bill. Recital costume bills will be mailed separately.

A costume will be ordered for EACH student, for EACH class in which they are currently enrolled in. If you do not wish to participate in the recital, we need written notice by: December 1, 2010. NO Exceptions!

Parent Signature _____ Date _____

Release Form

I understand that, in the event that my child is unable to attend classes due to prolonged injury or illness, that I will inform the studio if such a condition exists. Furthermore, **I understand that a refund will be made ONLY on the basis of a medical reason due to the physical injury that prohibits continued class participation.** A doctor's certificate may be required. Refunds will be made on a pro rata basis from the date of our notification. Written requests for a refund should be addressed to The West End Academy of Dance directed to the attention of Susie Palmer.

Parent Signature _____ (Date) _____

I am aware that dancing and the gymnastic exercises associated with it, places unusual stresses on the body and carries with it the risk of physical injury. On behalf of my child and myself (or if I am no longer a minor, on my own behalf), I assume this risk and agree that The West End Academy of Dance, Inc., shall not be liable in any way for injuries sustained during attendance at the studio or any of its related functions.

I grant myself or child permission to participate in The West End Academy's current session. I hereby release and discharge West End Academy of Dance, Inc., its agents, employees, and officers from all claims, demands, actions, judgments, and executions which the undersigned designated heirs, executors, administrators or assigns may have or claim to have against The West End Academy of Dance, Inc., its successors or assigns for all personal injuries caused by, or arising from the above described activities or any activities related thereto.

Parent Signature _____ (Date) _____

EMERGENCY Contacts:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____