

Wayne Ballet & Center for Dance Arts Registration Form

Student's Name <hr/> Mother/Guardian's Name <hr/> Home Phone Cell Phone () () <hr/> <div style="text-align: center;">Address</div> Street Address <hr/> City, State Zip Code <hr/> <div style="background-color: #e0e0e0;">*e-mail Contact (WBCDA Primary Choice of Communication)</div>		Date of Birth <hr/> Father/Guardian's Name <hr/> Home Phone Cell Phone () () <hr/> <div style="text-align: center;">Billing Address if Different</div> Name Phone () <hr/> Street Address <hr/> City, State Zip Code <hr/>
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Alternative Emergency Contact		
Emergency Contact Name	Home Phone ()	Cell Phone ()

Medical Information	
Does your child have any allergies?	NO YES
If YES, please describe:	
Does your child have any health considerations? NO YES If YES, please describe:	

Student Medical Release	
Dancing and exercise can be strenuous activities from which injuries may arise. Wayne Ballet & Center for Dance Arts and its instructors are not liable for personal injuries, nor loss of damage to personal property. Each student may decline to participate in any activity. Please inform your instructor of any physical limitation you may have. If you are in doubt, please consult your physician beforehand. In addition, intending to be legally bound for myself, my heirs, executors and administrators, I release Wayne Ballet & Center for Dance Arts or any parties acting on their behalf and with their approval, from liability if I or my student should become injured. Wayne Ballet may not and will not dispense any medications and/or medical treatment to any student.	
I have read and understand the Student Medical Release	

Signature (Parent's/Guardian's Signature if student is under the age of 18)	Date
Consent of Release for Photographs & Electronic Media	
I hereby grant permission for myself and/or my student to be photographed, videotaped and/or interviewed during the course of the year (including summer sessions) by Wayne Ballet & Center for Dance Arts or any of its authorized agents, and consent to the publication, broadcast or other use for the purpose of promoting Wayne Ballet & Center for Dance Arts. In addition, intending to be legally bound for myself, my heirs, executors and administrators, I release Wayne Ballet & Center for Dance Arts or any parties acting on their behalf and with their approval, from liability for such uses of my images and/or words.	
I have read and understand the Student Medical Release	

Signature (Parent's/Guardian's Signature if student is under the age of 18)	Date
Tuition/Payment Information	
Annual registration for students is: \$35.00 per student / \$50.00 per family (2 or more students). Summer registration fees are separate from this fee. The annual term runs from September through June. The term is billed on a quarterly basis, September, November, January and March. A 5% discount is available should you wish to pay tuition for the full annual term in full. Summer sessions are billed separately have an additional registration fee. All tuition is due a week prior to the start of the session.	

Method of Payment	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card: <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa	
<input type="checkbox"/> By marking this box, I authorize Wayne Ballet & Center for Dance Arts to keep my card on file and charge the card at the beginning of each session/quarter. I agree to notify WBCDA of schedule changes two weeks prior to the beginning of the new session/quarter.	
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiration Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Security Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (on back of card)

Signature of Card Holder	Date	
Class Designation		
Class/Level	Instructor	Day/Time

(if more than three classes please include a printed schedule with circled class choices)