

Upon signing this form, I authorize the Academy of Dance Arts, it's owners and staff, to utilize photos, videos, DVD's of myself and/or child for publicity and advertising purposes. I agree to allow the Academy of Dance Arts, it's owners and staff, to resale the above mentioned photos, videos, DVD's to me as well as to other consenting families who have signed a like form. I release the Academy of Dance Arts, it's owners and staff, of any and all fault, liability and responsibility of injury to myself and/or child, sustained while participating in this program. It is clear to me that the Academy of Dance Arts is a legal business entity as a dance studio. All fees go towards the processes involved in the teaching of dance and the operations of this dance studio and related events. This is not a daycare facility and therefore the fees paid are not considered to be tax deductible as such. I understand and agree to adhere to the payment policies of the Academy of Dance Arts and realize that should my account balance become in arrears, the full balance due will be charged to my credit card. I have read, understand and agree to abide by the rules

and regulations applicable to the programs of the Academy of Dance Arts, as specified within the literature I have received, upon registering and signing this form.

Payment Agreement:

It is my understanding that the Academy of Dance Arts LLC is allowing me to make payment on my account for tuition owed for dance lessons, fees for recital costumes, competition participation, and any and all items associated with participation in this program.

These payments are due in full over the term of the season, in the specified installments, by the payment schedule and method agreed upon. I understand that this payment schedule does not include interest fees, and that a service charge of \$20 compounded every 10 days will be added to my account, should my account become delinquent. I understand Academy of Dance Arts reserves the right to charge the card on file for these balances.

In addition, I realize that a \$35.00 charge of my responsibility will be added to any balance due if one is created by insufficient funds, a closed or frozen account, or other situation on my part. A \$5.00 charge will be added to my account each time a charge is denied by a credit carrier. I further understand that any delinquency of payments not completed on time, will result in collection procedures and full proceedings permitted by the State of Connecticut. All necessary actions will be taken to collect the balance due, and all collection fees, attorney fees, and or court fees will be added to my account if it is sent to collections or filed for legal proceedings.

Printed Name:

Signature:

Academy of Dance Arts Student Registration Form

General Information:

Dancers Name: _____
Mailing Address: _____
Town, State, Zip: _____
Home Phone: _____
Date Of Birth: _____
Medical Conditions: _____
Allergies: _____
Parents Names: _____
Work or Cell Phone: _____
Emergency Contact Name: _____
Emergency Contact Number: _____
Relationship To Dancer: _____

Training Information:

New Student: ____ Returning Student: ____
Prior Training: _____

Year Training Began: _____
Class Attending: _____
Class Attending: _____
Class Attending: _____
Class Attending: _____
Class Attending: _____
Class Attending: _____
Class Attending: _____
Class Attending: _____

REQUIRED Payment Information:

Drivers License: _____
Credit Card #: _____
Type: Visa MasterCard
Expiration ____/____/____ V-Code _____

Payment Plan: Monthly Auto-Pay Yr In Full
Auto Charge Future Payments: Yes No

Administrative Information:

How did you hear about us? _____
Referral Paperwork? Yes No
Receive Notifications By Email? Yes No
Your Email Address: _____
Dancer's Email: _____
Printed Name: _____
Signature: _____
Date: _____