

**2018 SUMMER REGISTRATION FORM**

**STUDENT INFORMATION**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_ Current Age: \_\_\_\_\_\_\_\_**

**School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT(S)/GUARDIAN(S) RESIDING WITH CHILD**

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SEPARATED PARENT**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is this person authorized to pick up your child? \_\_\_\_\_Yes \_\_\_\_\_No**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_**

**Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALL PERSONS AUTHORIZED TO PICK UP CHILD**

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_**
2. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_**
3. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_**
4. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_**

**Check the boxes below that apply.**

|  |
| --- |
| **I am registering my child for the following class(es):**  |
| **✓** | **Camp/ Intensive** | **Cost** |
|  |  July- TuTus & Tiaras (ages 3-5) | $70.00 |
|  | August- Tu Tus & Tiaras (ages 3-5) | $70.00 |
|  | Trolls Glow Party (ages 3-5) | $70.00 |
|  | Moana Beach Party (ages 6-8) | $70.00 |
|  | Trolls Glow Party (ages 3-8) | $70.00 |
|  | Tumble Tots | $35.00 |
|  | Beginner Tumblers | $35.00 |
|  | Intermediate Tumblers | $45.00 |
|  | Advanced Tumblers | $45.00 |
|  | OPEN GYM (Tumble Tots/ Beg Tumblers) $10.00 per class |  |
|  | OPEN GYM (Inter./ Adv Tumblers) $15.00 per class |  |
|  | Intensive Ages 6-10 Week #1 July 11-13 | $100.00 |
|  | Intensive Ages 6-10 Week #2 July 25-27 | $100.00 |
|  | Intensive Ages 6-10 Week #3 August 8-10 | $100.00 |
|  | Intensive Ages 6-10 Week #4 August 22-24 | $100.00 |
|  | Intensive Ages 11 & up Week #1 July 11-13 | $100.00 |
|  | Intensive Ages 11 & up Week #2 July 25-27 | $100.00 |
|  | Intensive Ages 11 & up Week #3 August 8-10 | $100.00 |
|  | Intensive Ages 11 & up Week #4 August 22-24 | $100.00 |
|  | Friday Night Glow Party ($5.00 per week/ $10 drop-in) |  |
|  |  |  |
|  |  |
| **Summer Tuition Subtotal** |  |
| +30 minute Solo |  |
| + 60 minute Solo |  |
| +90 minute Solo |  |
| + 30 minute Duet |  |
| + 30 minute Trio |  |
| 10% off for Sibling Discount |  |
| **Summer Tuition Total** |  |

**PAYMENT INFORMATION**

**Registration Fee:** $20.00 (Family Maximum=$40.00) **STUDENT T-Shirt Size** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summer Tuition:** Payments must be **received** by the 1st day of July for July camps and intensives and the 1st day of August for August camps and intensives. We accept **exact** cash, checks (made out to **Westmoreland Dance Alliance, LLC**), and online payments. **Please note that there will be a $5.00 surcharge added to all monthly tuition payments made by credit card on the website.**

**Important Policies:**

1. All fees and payments are **nonrefundable** and **nontransferable.**
2. The **NSF fee** for returned checks is **$45.00.**
3. There is a **$5.00 fee** for **declined credit cards.**
4. There is a **$2.50 per day fee** for **late payments.**
5. **If we do not receive your monthly tuition payment by the 15th day of the month, your child will not be permitted to take his/her class(es).**
6. **Tuition is the same amount each month regardless of the amount of weeks classes meet.** (Our tuition rates have been calculated by the number of classes taken per year. This number is then divided into 10 equal monthly payments.)
7. There will be **no refunds** **or makeups** given **for students who miss class.**

*Should any of these policies have to be enforced by legal means, the undersigned person is responsible for payment, as liquidated damages, the costs of collection plus interest at the legal rate and reasonable attorney’s fees as determined by the Court or 15% of the amount collected failing such determination.*

PERSON RESPONSIBLE FOR PAYMENT

PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF WITNESS (*must be at least 18 years of age*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE AND AUTHORIZATION**

Indicated in the space below are any health problems or conditions of which the studio should be aware (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, chemical or neurological condition, special medication, knee/kidney/shoulder problems, etc.). I understand that risk of injuryis inherent in any physical activity and I, on behalf of myself and my child, knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators, and executors, herby waive and release Caitlin Talley, Nicole Gauthier and Jennifer Bleehash individually and *Westmoreland Dance Alliance, LLC* and its staff from any and all claims or damages of any kind arising out of my child’s participation in the exercise and/or dance program of *Westmoreland Dance Alliance, LLC*. I further certify that the aforementioned student is in proper physical condition to participate in the exercise/dance program and that he/she has been examined by a licensed physician and found to be in proper physical condition to participate in said program. I, the undersigned, do herby authorize Caitlin Talley, Nicole Gauthier and Jennifer Bleehash or their designated agents (being teachers or administrators employed by *Westmoreland Dance Alliance, LLC*) to obtain medical treatment for my said child in emergency situations where I cannot be reached in time to authorize the treating physician to provide such emergency medical services. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make *Westmoreland Dance Alliance, LLC* responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a power of attorney and shall remain in effect for one year from the date signed below.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF WITNESS (*must be at least 18 years of age*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY INFORMATION**

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies (food, medicine, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_