



SCHOOL YEAR ACADEMY REGISTRATION FORM

Today's Date: _____ Dancer's Full Name: _____

Male: ___ Female: ___ Date of Birth: ___/___/___ Academy Location: _____

Dance Class(es) to Enroll: _____

Years of Dance: _____ Age: _____ School/Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: (_____) _____ Cell #: (_____) _____

Primary Email (required for communication and updates): _____

Mother's Full Name: _____ Employer: _____

Cell #: (_____) _____ Work #: (_____) _____

Father's Full Name: _____ Employer: _____

Cell #: (_____) _____ Work #: (_____) _____

Emergency Contact: _____ Relation: _____

Phone #: (_____) _____ Alt. Phone #: (_____) _____

If you would like to be on our parent volunteer list, please check here:

CONSENT & LIABILITY RELEASE (REQUIRED)

I am the parent/guardian of _____. Subject to the conditions set forth below, I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability to any medical expenses involved. This authorization extends to my child's participation in any activity sponsored by Festival Dance Academy. Should a medical emergency arise during my child's participation in a Festival Dance Academy sponsored activity, I understand that reasonable efforts will be made to contact me or my designated alternate at the phone numbers listed above. If it is believed my child's life or health may be adversely affected by delay that an attempt to contact me or my designated alternate would cause, I consent to:

- (i) The administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility identified below or chosen by Festival Dance Academy.
(ii) The immediate administration of life-sustaining measures deemed necessary under the circumstances.

The following information may be needed by a medical doctor and/or medical facility not having access to your child's medical history:

Allergies: _____ Medicine Being Taken: _____

Date of Last Tetanus Shot: _____ Disabilities: _____

Other Pertinent Facts to Which a Medical Doctor Should be Alerted: _____

Insurance Company: _____ Policy Number: _____

Policyholder's Name: _____

Mailing Address: Festival Dance Academy
University of Idaho ~ 875 Perimeter Dr MS 2403
Moscow, ID 83844-2403
Phone: (208) 883-3267
Email: abby@festivaldance.org
www.festivaldance.org

Table with 2 columns for monthly payments (Jan-Dec) and a row for Recital Fee(s). Title: Payments (For Office Use Only)

I HAVE READ AND UNDERSTAND THE "POLICIES AND PROCEDURES" AND "CODE OF CONDUCT" OF FESTIVAL DANCE ACADEMY.

The application for these lessons being accepted, I hereby, for myself, my heirs, executors, and administrators waive and release any and all rights and claims for any damages that I may have against Festival Dance Academy, its board of directors, instructors and staff. I understand that photographs, recordings, taping, or filming of participants by any and all Festival Dance Academy employees, independent contractors, or members of the press become the property of Festival Dance Academy and may be used for future publicity. By signing, each of the undersigned participants and his or her Parent involved with Festival Dance Academy expressly adopts and agrees to be bound by the above waiver and release agreement.

Signature of Parent/Guardian

or Participant (if over 18 years): _____ **Today's Date:** _____

MARKETING RELEASE

I understand that my child's likeness may be used in Festival Dance ads, promotional videos, website material, or various other marketing. These images will be used for Festival Dance purposes only, and will not be given or sold to outside companies or individuals.

Initials: _____

PAYMENT CONSENT FORM (REQUIRED)

Student's Last Name: _____ Student's First Name: _____

Parent/Guardian Name: _____ Home #: (_____) _____

PLEASE NOTE: The **annual registration fee** of \$30 per child is due at the time of registration. Your tuition payment is due at the first of each month and is based on flat monthly rates. After the 5th of the month, a \$5 late fee will be assessed. Please give us a two week notice of intent to discontinue classes. A \$35 return check charge will be assessed for any checks returned by the bank, and going forward you will be required to pay by cash or cashier's check. Any overdue accounts will be considered grounds for collections action. A **recital fee** is due in February to insure we can produce our May Concert. Recital fees are \$30 for each class a student is registered for, up to \$100 per student. If you choose auto withdrawal, your recital fee will come out of your account automatically in February.

By signing below, I consent to the payment policies and procedures of Festival Dance Academy.

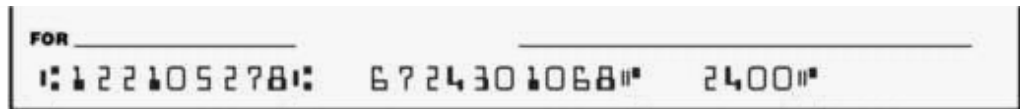
Signature of Parent/Guardian

or Participant (if over 18 years): _____ **Today's Date:** _____

Payment Option #1: Automatic Checking Account – Monthly Withdrawal

Bank Name: _____ Branch: _____

Routing Number: _____ Account Number: _____



Routing Number

Account Number

Check Number

Payment Option #2: Pay for Entire Semester or Year with Check or Cash

Amount for Full Year (Sept-May): \$ _____ or Amount for Semester (Sept-Dec or Jan-May): \$ _____

Payment Option #3: Pay by the First of Each Month with Check or Cash

(A \$5 late fee will be assessed after the 5th of the month)

Amount per Month: \$ _____

By signing above, I hereby authorize FDA to charge my account based on the appropriate tuition rates. I understand that I am authorizing FDA to charge for every month of due and past due tuition owed FDA. I further understand that an additional fee of \$35 will be charged if my check is returned due to insufficient funds. I understand that my past due amount will be vigorously pursued by FDA or its representatives and this could adversely affect my credit.