

Wexford Dance Academy Registration

Name _____ Phone (s) _____

Reg Fee _____ Leotard _____ Performance Fees: _____ (H) _____ (S) B _____ W _____ H _____ G _____

LEVEL: _____ DAY: _____

Parent / Guardian (s)

Address

Email (s)—PLEASE PRINT NEATLY

Child's Age: _____ Date of Birth: _____ Grade: _____

Emergency Contacts

Health Conditions _____

Jan _____ Feb _____ Mar _____ Apr _____ May _____ June _____

Jul _____ Aug _____ Sep _____ Oct _____ Nov _____ Dec _____

I do hereby release Wexford Dance Academy and all Instructors from any and all claims for damages or for injuries, which the student may sustain while participating in any activities with Wexford Dance Academy. I do also give permission, in case of injury, accident, or illness to obtain and provide any necessary medical attention for the student. I also release the use of photos and video for the use of Wexford Dance Academy. I understand the need to keep up with WDA schedules and activities via web site, studio postings and emails.

* I understand that I agree to pay my tuition in full; either the full amount at registration (5% discount) or over a 10 month period. Late fees will apply if paid after the due date.

Signature of Parent / Guardian

Date