

## STUDENT AND PARENT INFORMATION

Please complete form and mail to:

American Dance Institute

1570 East Jefferson Street Rockville, MD 20852

Or fax to: 301.468.5841

Student Name \_\_\_\_\_

Male  Female

\_\_\_\_\_ Date of Birth

Academic School \_\_\_\_\_

Grade as of 09/10 \_\_\_\_\_

Parents'/Guardian Name \_\_\_\_\_

Parents'/Guardian Name \_\_\_\_\_

Registration confirmation,

Registration Packets, Newsletters and notices will be sent via e mail

Provide the email address where you would like the information sent.

1) \_\_\_\_\_

Parent/Guardian E-Mail

2) \_\_\_\_\_

Parent/Guardian E-Mail

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Cell/work \_\_\_\_\_

Father's Cell/Work \_\_\_\_\_

I heard about ADI:  Friend  Web  Wash. Post

Dance Magazine  Pointe Magazine  Gazette

Phone Book  Mailing  Other: \_\_\_\_\_

# American Dance Institute

## 2010 SUMMER REGISTRATION FORM

### SUMMER INTENSIVE:

SESSION I: JULY 19 - 30 \$600

SESSION II: AUGUST 2 - 13 \$600

4 WEEK TUITION DISCOUNT:

SESSION I & II \$900

1 WEEK OPTION: \$300 per week:

7/19-23  7/26-30  8/2-6  8/9-13

### YOUTH DANCE CAMP July 5-16

2 weeks \$425

1 WEEK OPTION \$215 per week

7/5-9  7/12-19

### PRE BALLET CAMPS \$325 per week

Swan Lake Camp July 5-9

Sleeping Beauty Camp July 12-16

Cinderella Camp July 19-23

### \$100 DEPOSIT DUE AT REGISTRATION

### TUITION BALANCE DUE JULY 1, 2010

TUITION IS NON-REFUNDABLE: except under certain conditions. Visit [www.americandance.org](http://www.americandance.org) for policy information

TUITION AGREEMENT: I agree to pay the total tuition



\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### PAYMENT AT REGISTRATION:

Deposit \$100  Other Amount \$ \_\_\_\_\_

Check enclosed (no cash)  Visa  MC

Make checks payable to: American Dance Institute

### CREDIT CARD INFORMATION

Cardholder Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration \_\_\_\_\_

CID # \_\_\_\_\_



\_\_\_\_\_  
Cardholder Signature

### RETURNED CHECK FEE:

There will be a \$35 fee for all returned checks

## EMERGENCY INFORMATION & WAIVERS:

Name/ Number to Call in Case of Emergency \_\_\_\_\_

Specify any medical conditions:

Medical Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Epilepsy \_\_\_\_\_

Other (explain below) \_\_\_\_\_

List all medications being taken: \_\_\_\_\_

**PARENT CONSENT:** Although every effort is made to create a safe environment, I realize there is always a risk of accident. If necessary, I authorize the American Dance Institute ("ADI") to administer first aid and/or emergency treatment for my child on my behalf. I further release ADI from all liabilities for injuries or damages arising out of personal injury of any kind. It is my responsibility to pick my child up promptly at the end of class.

**INSTRUCTION AND CONTACT CONSENT:** The training received at the American Dance Institute ("ADI") incorporates teaching methods used around the world. I understand that in order to provide my child with quality instruction, the instructors and assistants at ADI will have hands on contact with my child. This vital component aids in learning proper body alignment, turn-out, and placement. I give my permission for this instructional contact to be made as part of my child's training. If this contact is uncomfortable for my child or me, I will immediately advise ADI. It is my responsibility to observe my child's instruction and to report any concerns immediately.



\_\_\_\_\_  
Parent/ Guardian Agreement Signature / Date

**PHOTO RELEASE:** As my child, a minor, is a student of the American Dance Institute ("ADI") and as I am acting as the legal guardian or representative of the minor, I hereby give ADI the absolute and irrevocable right and permission:

• To copyright in ADI's own name, or any other name that ADI may choose, the photographs taken of the minor or in which the minor may be included with others.

• To use, re-use, publish and re-publish these photographs in whole or in part, in original or altered form, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including, but not limited to, illustration, promotion and advertising and trade, and

• To use the minor's name in connection therewith if ADI so chooses.

I hereby release and discharge ADI from any and all claims and demands arising out of, or in connection with, the use of the photographs, including any and all claims for libel.

This authorization and release shall also endure to the benefit of the legal representatives, licensees and assigns of ADI, as well as to the person(s) for whom he/she made the photographs.

I have read this release form and fully understand its contents.

Agree

Disagree



\_\_\_\_\_  
Parent/ Guardian Agreement Signature / Date