

CHILD AND PARENT INFORMATION

* Registration confirmation, newsletters and notices will be sent via email only

Child's Name _____

Date of Birth _____ Grade as of 09/08 _____

Academic School _____

Parents'/Guardian Names _____

* Parent/Guardian E-Mail _____

Home Address _____

City/State/Zip _____

Home Phone _____

Mother's Cell/Work _____

Father's Cell/Work _____

CLASS REGISTRATION:

Class 1 Name _____

Day(s)/Time _____ \$ _____ Tuition

Class 2 Name _____

Day(s)/Time _____ \$ _____ Tuition

Sibling Enrollment: A discount is applied after the first child; 10% off each lesser tuition

\$ _____

Total Tuition

TUITION AGREEMENT: I agree to pay the total tuition for the entire term regardless of payment option selected.



Parent/Guardian Agreement Signature & Date _____

I heard about ADI: Friend Web Post

Other News Phone Book Mailing

Other (please specify): _____

American Dance Institute

2008 – 2009 Registration Form Ages 8-18

Mail to: American Dance Institute
1570 East Jefferson Street
Rockville, MD 20852
Or fax to: 301.468.5841

TUITION IS NON-REFUNDABLE
Visit www.americandance.org
for policy information

A 10% non-refundable deposit per class is required at the time of registration to reserve your child's place in the class. Deposit will be applied toward your child's tuition. The balance of the tuition is due by September 8, 2008 unless the payment plan listed below is selected.

4-PAYMENT AUTO DEBIT PLAN: (No Processing Fee)

Payment Dates: 9/22/08, 11/17/08, 1/19/09 3/9/09

I authorize American Dance Institute to automatically charge my credit card for the amount due on each payment date.

PAYMENT AT REGISTRATION: \$ _____

Deposit Full Payment

Check enclosed (no cash) Visa MC

RETURNED CHECK FEE:

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

CREDIT CARD INFORMATION For Registration Deposit & Auto Debit Plan

Cardholder Name _____

Card Number _____

Expiration _____



Cardholder Signature _____

EMERGENCY INFORMATION AND 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 myself, I will immediately advise ADI. It is my responsibility to observe my child's instruction and to report any concerns immediately.



Parent/Guardian Consent 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 Release Signature & Date _____

Legal Role (parent, guardian, etc.) _____