

CHILD AND PARENT INFORMATION:

* Registration Packets, Newsletters and notices will be sent via email only. Provide the email address where you would like the information sent.

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 _____

I heard about ADI: Friend Web Post
 Gazette Phone Book Mailing Other
 (please specify): _____

TUITION AGREEMENT: I agree to pay the total tuition for the entire term.

 Parent/Guardian Agreement Signature / Date

TUITION IS NON-REFUNDABLE:
 except under certain conditions. Visit
www.americandance.org for policy information.

2008 SUMMER PRE BALLET CAMPS & CLASSES REGISTRATION FORM

Pre Ballet Camps Ages 4 – 7

Monday-Friday 9:00am – 12:00pm
 Swan Lake Camp June 23- June 27 \$250
 Sleeping Beauty Camp July 7 – July 11 \$250
 Cinderella Camp July 21- July 25 \$250

Aftercare available from 12:00p – 2:00p
 \$20 per hour

Aftercare: Yes No
 Please indicate dates and times aftercare is requested:

Pre Ballet Classes Ages 4 – 7 June 28-July26

Ages 4/5 Saturday 10:00a -11:00a \$100 (5 weeks)
 Ages 6/7 Saturday 11:00a-12:00p \$100 (5 weeks)

**PAYMENT AT REGISTRATION:
 TUITION BALANCE DUE 6/9/08**

Deposit \$100 Other Amount \$ _____
 Check enclosed (no cash) Visa MC

CREDIT CARD INFORMATION

Cardholder Name _____

Credit Card Number _____

Expiration _____

 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

Please complete and mail to:
American Dance Institute
 1570 East Jefferson Street
 Rockville, MD 20852
 Or fax to:
 301.468.5841