



Expressions Dance Academy of Wolfeboro Registration Form

P.O. Box 291 Wolfeboro NH, 03894
603-303-8995
expressionsdanceacademy.net

Students Name: _____ Date of Birth: _____ Grade: _____ Age: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Street Address: _____ City/State/Zip: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

*Email Address: (Receive invoices through email) _____ Have you attended dance classes before: _____

Additional Contact Information: Name: _____ Relationship: _____ Phone: _____

List of Classes: 1. _____ 4. _____ 7. _____
2. _____ 5. _____ 8. _____
3. _____ 6. _____ 9. _____

Liability Agreement: (please read carefully) by signing my name below (Parent/ Guardian Signature), I recognize and understand the risks of physical injury inherent in dance and dance training and I fully assume those risks. I agree that I will not hold Expressions Dance Academy of Wolfeboro, or any instructors, employees, or volunteers of either liable for injuries sustained or illnesses contracted by me while in attendance and/or participating in dance classes. Expressions Dance Academy and its instructors are not liable for personal injuries. I understand and agree that it is my sole responsibility to safeguard my personal property while in attendance and/or participating in the dance classes. I agree that I will not hold Expressions Dance Academy and/or the instructors, employees, or volunteers of either responsible for the loss or damage of personal property while in attendance and/or participating in the dance classes. I agree to abide by any rules, regulations and policies set forth by Expressions Dance Academy. In case of physical injury or medical emergency, I hereby authorize Expressions Dance Academy and/or instructors or employees to make necessary arrangements to transport me/my child to a medical treatment facility as necessary. In extreme emergency, or if I am under 18 years of age, I understand Expressions Dance Academy and/or staff will make every attempt to notify the person(s) I have named below as my emergency contact(s) of my condition and how to reach me.

Photograph/Video Release: By signing this agreement, you are agreeing to allow Expressions Dance Academy of Wolfeboro to utilize photos/videos taken of myself or my child participating in the classes, activities, and events of the organization for studio publicity and marketing.

- I have read and understand the Studio Policies posted in the dance studio, on our website and on the Band App.
- I understand that in order to receive updates and studio information I must stay up to date with the studio Band App

NEW! If payment is not received by the 10th of the month your Credit Card will be charged your monthly tuition, including late fee. Supply Credit Card information below, 3.5% credit card processing fee applies as well as .15 cents per transaction. If Card is declined, dance classes will be suspended and you will receive a \$25 Charge Back Fee.

____ Check here for CREDIT CARD MONTHLY AUTOMATIC PAYMENT Sept. through May. Tuition payments are automatically charged before the 1st of the month. 3.5% Monthly fee will be added to these transactions.

Cardholder Name: _____ Cardholder Zip Code: (CC billing address) _____

Payment: ____ Visa ____ MC CARD NUMBER: _____ - _____ - _____

Expirations Date: _____ - _____ CVV # _____ Signature: _____ Date: _____

I, _____, authorize _____ to charge my credit card above for agreed purchases. I understand that my information will be saved to file for future transactions on my account.

Parent/Guardian Signature : _____ Date: _____
(if participant is **under** 18)

Person to contact in case of an Emergency (Other than Parent): _____ Relationship to Student: _____

Emergency phone number _____ Emergency phone number (Cell) _____

PLEASE DESCRIBE ANY MEDICAL OR PHYSICAL CONDITIONS, INJURIES, ALLERGIES, ETC (use back if needed):