



Dance Class(es) for Enrollment: _____

Date: _____

Dancer's Full Name: _____ Age: _____

Male Female Date of Birth: ____/____/____ School/Grade: _____

Academy Location: _____ Years of Dance: _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Primary Email (required for Academy communication and updates): _____

Mother's Full Name: _____ Employer: _____

Cell Phone: (____) _____ Work Phone: (____) _____

Father's Full Name: _____ Employer: _____

Cell Phone: (____) _____ Work Phone: (____) _____

In case of emergency, please contact: _____

Relationship to Student: _____ Cell Phone: (____) _____

CONSENT FOR MEDICAL TREATMENT (REQUIRED)

I am the parent/guardian of _____. Subject to the conditions set forth below, I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability to any medical expenses involved. This authorization extends to my child's participation in any activity sponsored by Festival Dance Academy. Should a medical emergency arise during my child's participation in a Festival Dance Academy sponsored activity, I understand that reasonable efforts will be made to contact me or my designated alternate at the phone numbers listed above. If it is believed my child's life or health may be adversely affected by delay that an attempt to contact me or my designated alternated would cause, I consent to:

- (i) The administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility identified below or chosen by Festival Dance Academy.
- (ii) The immediate administration of life-sustaining measures deemed necessary under the circumstances.

The following information may be needed by a medical doctor and/or medical facility not having access to your child's medical history:

Allergies: _____

Current Medication: _____

Date of last Tetanus shot: _____ Disability: _____

Other pertinent information to which a medical professional should be alerted:

Insurance Company: _____ Policy #: _____

Policyholder's Name: _____

IMAGE RELEASE (REQUIRED)

I understand that my child's likeness may be used in Festival Dance Academy promotional materials including, but not limited to, ads, videos, and/or website. These images will be used for Festival Dance Academy purposes only, and will not be given or sold to outside companies or individuals.

INITIALS: _____



SCHOOL YEAR REGISTRATION FORM
2018-2019

I have read and understand the "Policies and Procedures" and "Code of Conduct" of Festival Dance Academy. The application for these lessons being accepted, I hereby, for myself, my heirs, executors, and administrators waive and release any and all rights and claims for any damages that I may have against Festival Dance Academy, its board of directors, instructors, and staff.

Parent/Guardian Signature: _____ Date: _____

PAYMENT CONSENT FORM (REQUIRED)

Student's Last Name: _____ Student's First Name: _____

Parent/Guardian Name: _____ Home Phone: _____

PLEASE NOTE: The annual registration fee of \$30 per child is due at the time of registration. Your tuition payment is due at the first of each month and is based on flat monthly rates. After the 5th of the month, a \$5 late fee will be assessed. Please give us a two week notice of intent to discontinue classes. A \$35 return check charge will be assessed for any checks returned by the bank, and going forward you will be required to pay by cash or cashier's check. Any overdue accounts will be considered grounds for collections action. The \$30 recital fee (per class taken) is due in February to ensure that we can produce the May concert. Fees will not exceed \$100 per student, despite number of classes taken. If you choose auto withdrawal, your recital fee will come out of your account automatically in February. By signing below, I consent to the payment policies and procedures of Festival Dance Academy.

Parent/Guardian Signature: _____ Date: _____

Payment Option #1: Automatic Checking Account - Monthly Withdrawal

Bank Name: _____ Branch: _____

Routing Number: _____ Account Number: _____



Routing Number

Account Number

Check Number

Payment Option #2: Pay for Entire Semester or Year with Check or Cash
Amount for Full Year (Sept-May): \$ _____ or Amount for Semester (Sept-Dec or Jan-May): \$ _____

Payment Option #3: Pay by the First of Each Month with Check or Cash
(A \$5 late fee will be assessed after the 5th of the month) Amount per Month: \$ _____

By signing above, and initialing below, I hereby authorize FDA to charge my account based on the appropriate tuition rates. I understand that I am authorizing FDA to charge for every month of due and past due tuition owed FDA. I further understand that an additional fee of \$35 will be charged if my check is returned due to insufficient funds. I understand that my past due amount will be vigorously pursued by FDA or its representatives and this could adversely affect my credit. INITIALS: _____

Mailing Address: Festival Dance Academy
University of Idaho
875 Perimeter Dr MS 2403 Moscow, ID
83844-2403
Phone: (208) 883-3267
Email: Rachel@festivaldance.org
www.festivaldance.org

(For Office Use Only)
Reg Fee: _____ Jan: _____
Sept: _____ Feb: _____
Oct: _____ Mar: _____
Nov: _____ April: _____
Dec: _____ May: _____
Recital Fee(s): _____