

For Office Use

Term: \_\_\_\_\_ Year: \_\_\_\_\_



Dancer's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Years of Dance: \_\_\_\_\_

Academy Location (Circle One): Moscow/Troy/Genesee

Start Date: \_\_\_\_\_

**Class(es) for Enrollment:** \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Dancer: \_\_\_\_\_

**IMAGE RELEASE (REQUIRED)**

I understand that my child's likeness may be used in Festival Dance Academy (FDA) promotional materials including, but not limited to, ads, videos, website, etc. Images will be used for FDA purposes only and will not be given or sold to outside companies or individuals. **INITIALS:** \_\_\_\_\_

**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 FDA. Should a medical emergency arise during my child's participation in a FDA 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 FDA.
- (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: \_\_\_\_\_

## CODE OF CONDUCT (REQUIRED)

***I have read and understand the "Festival Dance Academy School Policies" including FDA's Code of Conduct on page 4.*** 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 FDA, its board of directors, instructors, and staff. By signing, each of the undersigned participants and his or her Parent/Guardian involved with FDA expressly adopts and agrees to be bound by the above waiver and release agreement.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT CONSENT FORM (REQUIRED)

Dancer Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

The **annual registration fee** of \$30 per dancer is due upon registration. The **\$40 recital fee (per dancer)** is due March 1<sup>st</sup>. Tuition payments are due the 1<sup>st</sup> of the month and are based on flat monthly rates. After the 5<sup>th</sup> of the month, a \$5 late fee will be assessed. A \$35 return check charge will be assessed for any checks or ACH payments returned, and you will be required to use an alternate payment method. Any overdue accounts will be considered grounds for collections action. By signing below, I acknowledge that my past due amount will be vigorously pursued by FDA or its representatives and this could adversely affect my credit. By signing below, I consent to the payment policies and procedures of FDA.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Option #1: Monthly ACH Autopay**

Bank Name: \_\_\_\_\_

FOR _____		
⑆ 22 105278 ⑆	672430 1068 ⑆	2400 ⑆
Routing Number	Account Number	Check Number

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

By signing above I acknowledge that FDA will charge my account monthly for any tuition due and an additional \$40/dancer in March. There will be an additional \$35 charge if my payment is rejected.

**INITIALS:** \_\_\_\_\_

**Payment Option #2: Pay Entire Term with Check or Cash** Term: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Payment Option #3: Pay by the 1<sup>st</sup> of Each Month with Check or Cash** Amount per Month: \$ \_\_\_\_\_

Mailing Address:

**Festival Dance Academy**

University of Idaho

875 Perimeter Dr MS 2403

Moscow, ID 83844-2403

Phone: (208) 883-3267

Email: [admin@festivaldance.org](mailto:admin@festivaldance.org)

[www.festivaldance.org](http://www.festivaldance.org)

How Did You Hear About Us?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Facebook        | <input type="checkbox"/> Instagram      | <input type="checkbox"/> Danced with FDA previously |
| <input type="checkbox"/> Friend Referral | <input type="checkbox"/> Flyers         | <input type="checkbox"/> Radio                      |
| <input type="checkbox"/> Newspaper       | <input type="checkbox"/> TriState Board | <input type="checkbox"/> Online (Google Search)     |
| <input type="checkbox"/> Other: _____    |   |   |