

**REGISTRATION FORM**  
**Term (Circle One): Summer/Academic Year**

*Festival Dance Academy*

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, and/or website. These images will be used for FDA purposes only and will not be given or sold to outside companies or individuals. **INITIALS:** \_\_\_\_\_

**CODE OF CONDUCT (REQUIRED)**

*I have read and understand the "Policies and Procedures" and "Code of Conduct" of FDA.* 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. I understand that photographs, recordings, taping, or filming of participants by any and all FDA employees, independent contractors, or members of the press become the property of FDA and may be used for future publicity. 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:** \_\_\_\_\_

**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 (cont. on next page).

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**CONSENT FOR MEDICAL TREATMENT (CONT.)**

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: \_\_\_\_\_

**PAYMENT CONSENT FORM (REQUIRED)**

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

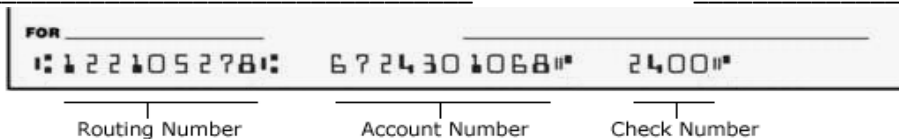
**PLEASE NOTE:** The **annual registration fee** of \$30 per child is due upon registration. Your tuition payment is due at the first of each month and is based on flat monthly rates. After the 5<sup>th</sup> of the month, a \$5 late fee will be assessed. Please give us a two week notice of intent to 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 FDA.

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

**Payment Option #1: Automatic Checking Account – Monthly Withdrawal**

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

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



**Payment Option #2: Pay for Entire Term or Year with Check or Cash**

Amount for Full Year (August-April): \$ \_\_\_\_\_ or Amount for Semester (August-Dec or Jan-April): \$ \_\_\_\_\_

**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](mailto:rachel@festivaldance.org)

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