Wanda Holdren Dance Academy

Begin Date: \_\_\_\_\_\_\_

End Date: \_\_\_\_\_\_\_\_



 4, 8, Private Lessons or Performance Classes Only

(Performance classes meets on Saturday)

Dancer's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: (Street)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(City)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Zip)\_\_\_\_\_\_\_\_\_

Phone #’s: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_/(Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/(Work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact:

(Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Relation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Phone #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For dancers under the age of 18, please fill out the following:**

***Mother’s Name:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Mother’s Phone #’s:***

 ***(Home)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(Cell)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Father’s Name:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Father’s Phone #’s:***

 ***(Home)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(Cell)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Class Info:**

(Title)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Day)\_\_\_\_\_\_\_\_\_\_(Time)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Class Info:(Title)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Day)\_\_\_\_\_\_\_\_\_\_(Time)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd Class Info:(Title)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Day)\_\_\_\_\_\_\_\_\_\_(Time)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today's Date: \_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY INFORMATION**

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies to Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information/Comments (i.e. blood transfusions, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Method: cash**□ **check**□

TUITION INFORMATION (***registration fee non-refundable)***

**Registration Fee: $10 onetime non-refundable fee**

**Studio Offered Classes:**

**□Four Classes $48 □Eight Classes $80 □Performing Classes without membership $80**

 **(total of 8 classes in 8 weeks)**

**Zumba Classes:**

**□Two Classes- □Adult $15 □Four Classes- □Adult $25 □Walk-Ins – □Adult $10**

 **□Child $12 □Child $20 (only Zumba class) □Child $8**

**Private Lessons:**

**□Individual – One Hour $45**

**□Group (2-3) – One Hour $60**

**□Group (2-3) – Thirty Minutes $30**

*I understand that all fees paid are nonrefundable and nontransferable and that tuition shall be paid beginning of each new\renewal sign up)I understand that the fee for a returned check/ declined card is $35. Should this provision have to be enforced by legal means, I am responsible for payment, as liquidated damages, the costs of collection, plus interest at the legal rate and reasonable attorney’s fees as determined by the Court.*

Indicated in the space below are any health problems or conditions of which the studio should be aware (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, chemical or neurological condition, special medication, knee/kidney/shoulder problems, etc.). I understand that risk of *injury* is inherent in any physical activity and I knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators, and executors, hereby waive and release Wanda Holdren individually and Wanda Holdren Dance Academy and its staff from any and all claims for damages of any kind arising out of my participation in the exercise and/or dance program of Wanda Holdren Dance Academy. I certify that I am in proper physical condition to participate in the exercise/dance program. I, the undersigned, do hereby authorize Wanda Holdren and her designated

agents (being teachers or administrators employed by Wanda Holdren Dance Academy.) to obtain medical treatment for myself in emergency situations if needed. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make Wanda Holdren Dance Academy responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a power of attorney and shall remain in effect for one year from the date signed below.

SIGNATURE OF STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS *(Must be at least 18 years of age)*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RULES AND REGULATIONS

* **I understand that to participate in dance classes with Wanda Holdren Dance Academy I must first pay for classes by purchasing a class session or paying the drop in fee. I realize that class sessions are 8 weeks long, and that any unused classes are forfeit after the last day of the session.**
* **I understand that I will be required to participate in at least one fundraiser during this 8 week session and I understand that a buy-out option MIGHT be available at times depending on the fundraiser chosen.**
* **I understand that I must wear appropriate dance attire as expected by Wanda Holdren ( ages 5-15 red top no designs and black bottoms no designs) and if I do not come prepared to class I will not be able to participate in the day session. I understand that I must wear specified shoes (Black Hip-Hop, Jazz or Salsa Shoes) as per Wanda Holdren’s request. I also understand that I must come well groomed with no jewelry, no undergarments showing.**
* **I understand that if I or my child(ren) act in an unprofessional manner we will be asked to leave the premises.**
* **I understand that only the dancers and designated staff will be permitted in the studio during the lessons.**
* **I agree to pay all fees for dance class enrollment before my first class meeting starts and I understand that no payment equals *no dance class*. I and my heirs, executors or other representatives, hereby indemnify, release and hold harmless Wanda Holdren and Wanda Holdren’s Dance Academy (it’s employees and instructors) from any and all claims of liability arising from any accident, personal injury, death, or property loss or damage sustained by myself, my child(ren) or any student who is a minor while participating in dance class(es), or while on off-site trips, performances, or activities.**
* **I understand that dance and dance-related activities present a risk of injury to the participant. I understand that there is an inherent risk of injury that cannot be eliminated regardless of the care taken to avoid injury. I agree to assume any and all risks of injury or death, from any cause or source whatsoever in order to participate in or allow my child to participate in these activities.**
* **I do hereby release and forever discharge Wanda Holdren, Wanda Holdren Dance Academy, Felix Mateo, Danny Sanchez, Carlos Nazario or any substitute/ student dance instructors, their predecessors and successors, employees, owners, agents, and assigns, and all other persons, corporations, and entities from all claims, expenses, attorney fees, and causes of action or suits of any kind or nature associated with the participant’s involvement with any of Wanda Holdren Dance Studio, shows, or any other associated activity at any studio / venue at which she teaches/performs.**
* **I HAVE CAREFULLY READ THIS AGREEMENT and fully understand its contents. I am aware that this is a RELEASE OF LIABILITY and a CONTRACT between myself and Wanda Holdren’s , Wanda Holdren Dance Academy and sign of my own free will.**

Signature of Student over age of 18 Date

Signature of Parent/Guardian of Student under age of 18 Date

Printed name of Parent:

Video and Photo Waiver

This form will be kept in studio filling cabinet for referencing

In the event that WH Dance Academy, Wanda Holdren and or Staff takes video footage and/or photographs of students during dance classes and/or performances, the video footage and/or photographs will be used for the purposes listed:

1) **Photos of the dancers** - without their names - will potentially be used for newspaper articles/ads, on flyers, on brochures, in programs, on the Wanda Holdren Dance Academy web page, and on displays at performances

2) **Video footage of the dancers** performing may be displayed on the “TV” system in the main office of the Wanda Holdren Dance Academy studio, on the Wanda Holdren Dance Academy web page, Wanda Holdren’s Dance Academy Facebook page, You tube and on displays at performances, workshops and other advertising presentations.

We, the undersigned, give our permission for photos and video footage that includes ourselves and/or our children to be used in the manner stated above. We and our heirs, executors or other representatives, hereby indemnify, release and hold harmless Wanda Holdren and Wanda Holdren Dance Academy for any misuse of said photos and video footage by third parties.

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| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Adult Dancer or Parent/ Legal Guardian of Underage Dancer |

\_\_\_\_ New Student \_\_\_\_ Returning Student



Wanda Holdren Dance Academy

**ADULT STUDENT MEMBERSHIP REGISTRATION FORM**

**Ages 16 and over**

**STUDENT INFORMATION**

**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birth Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age:** \_\_\_\_\_\_\_\_

**Local Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_

**Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail** (please print legibly)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State:** \_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our studio? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list prior dance experience (i.e. number of years, dance technique studied, teachers, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Method: cash**□ **check**□

TUITION INFORMATION

**Student Membership: $65**

**Registration Fee: $10 onetime non-refundable fee**

**□Studio Offered Classes- Membership includes 2 classes a week may choose 2 different style of dances in same level. Level of Class is determined by Instructor. Class choices must be scheduled during registration no class choice substitution permitted.**

**□Performing Class included with membership- you must select this option also if you would like to perform. Additional Class is offered on Saturday’s only for performing students. Students must attend all classes and must pay for their costumes, accessories and any other items that might be needed in order to perform.**

**□Zumba Classes- Unlimited Classes $50**

*I understand that all fees paid are nonrefundable and nontransferable and that tuition shall be paid at the first class of the month) I understand that the fee for a returned check/ declined card is $35. Should this provision have to be enforced by legal means, I am responsible for payment, as liquidated damages, the costs of collection, plus interest at the legal rate and reasonable attorney’s fees as determined by the Court.*

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SIGNATURE OF STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS *(Must be at least 18 years of age)*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY INFORMATION**

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies to Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information/Comments (i.e. blood transfusions, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RULES AND REGULATIONS

* **I understand that to participate in dance classes with Wanda Holdren Dance Academy I must first pay for classes by purchasing a class session or paying the drop in fee. I realize that class sessions are 8 weeks long, and that any unused classes are forfeit after the last day of the session.**
* **I understand that I will be required to participate in at least one fundraiser during this 8 week session and I understand that a buy-out option MIGHT be available at times depending on the fundraiser chosen.**
* **I understand that I must wear appropriate shoes (Black Hip-Hop, Jazz or Salsa Shoes) as per Wanda Holdren’s request. I also understand that I must come well groomed with no jewelry, no undergarments showing.**
* **I understand that if I or my child(ren) act in an unprofessional manner we will be asked to leave the premises.**
* **I understand that only the dancers and designated staff will be permitted in the studio during the lessons.**
* **I agree to pay all fees for dance class enrollment before my first class meeting starts and I understand that no payment equals *no dance class*. I and my heirs, executors or other representatives, hereby indemnify, release and hold harmless Wanda Holdren and Wanda Holdren’s Dance Academy (it’s employees and instructors) from any and all claims of liability arising from any accident, personal injury, death, or property loss or damage sustained by myself, my child(ren) or any student who is a minor while participating in dance class(es), or while on off-site trips, performances, or activities.**
* **I understand that dance and dance-related activities present a risk of injury to the participant. I understand that there is an inherent risk of injury that cannot be eliminated regardless of the care taken to avoid injury. I agree to assume any and all risks of injury or death, from any cause or source whatsoever in order to participate in or allow my child to participate in these activities.**
* **I do hereby release and forever discharge Wanda Holdren, Wanda Holdren Dance Academy, Felix Mateo, Danny Sanchez, Carlos Nazario or any substitute/ student dance instructors, their predecessors and successors, employees, owners, agents, and assigns, and all other persons, corporations, and entities from all claims, expenses, attorney fees, and causes of action or suits of any kind or nature associated with the participant’s involvement with any of Wanda Holdren Dance Studio, shows, or any other associated activity at any studio / venue at which she teaches/performs.**
* **I HAVE CAREFULLY READ THIS AGREEMENT and fully understand its contents. I am aware that this is a RELEASE OF LIABILITY and a CONTRACT between myself and Wanda Holdren’s , Wanda Holdren Dance Academy and sign of my own free will.**

Signature of Student over age of 18 Date

Signature of Parent/Guardian of Student under age of 18 Date

Printed name of Parent:

Video and Photo Waiver

This form will be kept in studio filling cabinet for referencing

In the event that Wanda Holdren Dance Academy, Wanda Holdren and or Staff takes video footage and/or photographs of students during dance classes and/or performances, the video footage and/or photographs will be used for the purposes listed:

1) **Photos of the dancers** - without their names - will potentially be used for newspaper articles/ads, on flyers, on brochures, in programs, on the Wanda Holdren Dance Academy web page, and on displays at performances

2) **Video footage of the dancers** performing may be displayed on the “TV” system in the main office of the Wanda Holdren Dance Academy studio, on the Wanda Holdren Dance Academy web page, Wanda Holdren’s Dance Academy Facebook page, You tube and on displays at performances, workshops and other advertising presentations.

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|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Adult Dancer or Parent/ Legal Guardian of Underage Dancer |

\_\_ New Student \_\_\_ Returning Student



 **Wanda Holdren Dance Academy.**

**YOUTH – 15 YRS OLD MEMBERSHIP REGISTRATION FORM**

**Ages 5 – 15**

**STUDENT INFORMATION**

**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birth Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age:** \_\_\_\_\_\_\_\_

**Local Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_

**Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail** (please print legibly)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State:** \_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our studio? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list prior dance experience (i.e. number of years, dance technique studied, teachers, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Payment Method: cash**□ **check**□

TUITION INFORMATION

**Student Membership: $50**

**Registration Fee: $10 onetime non-refundable fee**

**□Studio Offered Classes- Membership includes 2 classes a week may choose 2 different style of dances in same level. Level of Class is determined by Instructor. Class choices must be scheduled during registration no class choice substitution permitted.**

**□Performing Class included with membership- you must select this option also if you would like to perform. Additional Class is offered on Saturday’s only for performing students. Students must attend all classes and must pay for their costumes, accessories and any other items that might be needed in order to perform.**

**□Zumba Classes- Unlimited Classes $45**

*I understand that all fees paid are nonrefundable and nontransferable and that tuition shall be paid at the first class of the month) I understand that the fee for a returned check/ declined card is $35. Should this provision have to be enforced by legal means, I am responsible for payment, as liquidated damages, the costs of collection, plus interest at the legal rate and reasonable attorney’s fees as determined by the Court.*

Indicated in the space below are any health problems or conditions of which the studio should be aware (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, chemical or neurological condition, special medication, knee/kidney/shoulder problems, etc.). I understand that risk of *injury* is inherent in any physical activity and I knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators, and executors, hereby waive and release Wanda Holdren individually and Wanda Holdren Dance Academy and its staff from any and all claims or damages of any kind arising out of my participation in the exercise and/or dance program of Wanda Holdren Dance Academy. I certify that I am in proper physical condition to participate in the exercise/dance program. I, the undersigned, do hereby authorize Wanda Holdren and her designated

agents (being teachers or administrators employed by Wanda Holdren Dance Academy.) to obtain medical treatment for myself in emergency situations if needed. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make Wanda Holdren Dance Academy responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a power of attorney and shall remain in effect for one year from the date signed below.

SIGNATURE OF STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS *(Must be at least 18 years of age)*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY INFORMATION**

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies to Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information/Comments (i.e. blood transfusions, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RULES AND REGULATIONS

* **I understand that to participate in dance classes with Wanda Holdren Dance Academy I must first pay for classes by purchasing a class session or paying the drop in fee. I realize that class sessions are 8 weeks long, and that any unused classes are forfeit after the last day of the session.**
* **I understand that I will be required to participate in at least one fundraiser during this 8 week session and I understand that a buy-out option MIGHT be available at times depending on the fundraiser chosen.**
* **I understand that I must wear appropriate dance attire as expected by Wanda Holdren and if I do not come prepared to class I will not be able to participate in the day session. I understand that I must wear specified shoes (Black Hip-Hop, Jazz or Salsa Shoes) as per Wanda Holdren’s request. I also understand that I must come well groomed with no jewelry, no undergarments showing.**
* **I understand that if I or my child(ren) act in an unprofessional manner we will be asked to leave the premises.**
* **I understand that only the dancers and designated staff will be permitted in the studio during the lessons.**
* **I agree to pay all fees for dance class enrollment before my first class meeting starts and I understand that no payment equals *no dance class*. I and my heirs, executors or other representatives, hereby indemnify, release and hold harmless Wanda Holdren and Wanda Holdren’s Dance Academy (it’s employees and instructors) from any and all claims of liability arising from any accident, personal injury, death, or property loss or damage sustained by myself, my child(ren) or any student who is a minor while participating in dance class(es), or while on off-site trips, performances, or activities.**
* **I understand that dance and dance-related activities present a risk of injury to the participant. I understand that there is an inherent risk of injury that cannot be eliminated regardless of the care taken to avoid injury. I agree to assume any and all risks of injury or death, from any cause or source whatsoever in order to participate in or allow my child to participate in these activities.**
* **I do hereby release and forever discharge Wanda Holdren, Wanda Holdren Dance Academy, Felix Mateo, Danny Sanchez, Carlos Nazario or any substitute/ student dance instructors, their predecessors and successors, employees, owners, agents, and assigns, and all other persons, corporations, and entities from all claims, expenses, attorney fees, and causes of action or suits of any kind or nature associated with the participant’s involvement with any of Wanda Holdren Dance Studio, shows, or any other associated activity at any studio / venue at which she teaches/performs.**
* **I HAVE CAREFULLY READ THIS AGREEMENT and fully understand its contents. I am aware that this is a RELEASE OF LIABILITY and a CONTRACT between myself and Wanda Holdren’s , Wanda Holdren Dance Academy and sign of my own free will.**

Signature of Student over age of 18 Date

Signature of Parent/Guardian of Student under age of 18 Date

Printed name of Parent:

Video and Photo Waiver

This form will be kept in studio filling cabinet for referencing

In the event that Wanda Holdren Dance Academy, Wanda Holdren and or Staff takes video footage and/or photographs of students during dance classes and/or performances, the video footage and/or photographs will be used for the purposes listed:

1) **Photos of the dancers** - without their names - will potentially be used for newspaper articles/ads, on flyers, on brochures, in programs, on the Wanda Holdren Dance Academy web page, and on displays at performances

2) **Video footage of the dancers** performing may be displayed on the “TV” system in the main office of the Wanda Holdren Dance Academy studio, on the Wanda Holdren Dance Academy web page, Wanda Holdren’s Dance Academy Facebook page, You tube and on displays at performances, workshops and other advertising presentations.

We, the undersigned, give our permission for photos and video footage that includes ourselves and/or our children to be used in the manner stated above. We and our heirs, executors or other representatives, hereby indemnify, release and hold harmless Wanda Holdren and Wanda Holdren Dance Academy for any misuse of said photos and video footage by third parties.

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| Signature of Adult Dancer or Parent/ Legal Guardian of Underage Dancer |