



INTEGRITY IN DANCE AND LIFE
www.eldoradodance.com

REGISTRATION FORM

PAGE 1 OF 2

I am enrolling at: [] EDDA North (2222 Francisco Drive, #140, EDH in Lake Forest Plaza)
[] EDDA South (3921 Sandstone Drive, #4 EDH in the Business Park)

PARENT/GUARDIAN:

Form with fields: LAST NAME, FIRST NAME, E-MAIL ADDRESS, ADDRESS, CITY, STATE, ZIP, HOME PHONE, CELL PHONE

STUDENT:

Form with fields: LAST NAME, FIRST NAME, D.O.B

PLEASE ENROLL ME IN THE FOLLOWING CLASSES AT EL DORADO DANCE ACADEMY:

Form with fields: 1. DISCIPLINE / LEVEL, DAY, TIME, INSTRUCTOR; 2. DISCIPLINE / LEVEL, DAY, TIME, INSTRUCTOR

HOW DID YOU LEARN ABOUT EL DORADO DANCE ACADEMY?

[] CSD [] Internet Search [] Facebook/Instagram/Yelp [] Word of Mouth [] Mailing [] Newspaper Advertisement

PERTINENT MEDICAL DETAILS:

Any physical problems, allergies, past injuries, special needs or medications that El Dorado Dance Academy (EDDA) should know about?

EMERGENCY CONTACT (Other than parent listed above)

Form with fields: NAME, PHONE, RELATIONSHIP

AUTHORIZATION TO CONSENT TO EMERGENCY TREATMENT OF A MINOR:

In case of emergency, illness of accident to your child in your absence, El Dorado Dance Academy is authorized to proceed as follows:

El Dorado Dance Academy takes every precaution to ensure your child's safety as we are committed to anatomically informed and injury free dance. Yet, as dance is a physical activity, injuries may occur. EDDA instructors and staff are not responsible for injuries occurring before, during or after class. Each student may decline to participate in any activity which they deem to be harmful and must inform the instructor of any physical limitations that may prevent full participation in class. I hereby declare that I have provided and will continue to provide adequate and complete health insurance coverage to protect my child in case of injury or accident. I understand and agree that EDDA does not assume any financial responsibility for medical assistance my child may require. I am aware that dance programs are to be considered strenuous physical activities. Therefore, I have received the consent of my physician for myself or for my child to participate in this program. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

The authorization shall remain in effect for one (1) year or until revoked in writing and delivered to said agent(s).

PARENT/GUARDIAN SIGNATURE DATE (must be signed by authorized caregiver if student is under the age of 18)

El Dorado Dance Academy (SOUTH) 3921 Sandstone Drive, Suite 4 El Dorado Hills CA 95762 phone: 916.933.0034
El Dorado Dance Academy (NORTH) 2222 Francisco Drive, #140 El Dorado Hills CA 95762 phone: 916.933.0036



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POLICIES & AUTO-DEBIT AUTHORIZATION

I AM AWARE: (PLEASE INITIAL NEXT TO EACH POLICY)

- 1. Annual registration fee of \$40 per family is due at time of registration and is non-refundable. A "dance season" is August to June.
2. All tuition will be auto-debited from my account on the 1st of the month. Credit Card Denial will result in e-mail notification. Full amount of tuition must be paid prior to the 10th of the month to avoid an additional \$10 Late Fee.
3. El Dorado Dance Academy does not pro-rate, refund or credit accounts. Please note that no additional charge is made when a fifth lesson occurs within a month, nor is there a reduction in tuition fees when fewer than four lesson are held due to a major holiday of absence. Consistent absences do not constitute tuition fees adjustment or assumed cancellation.
4. It will be assumed that if my child is enrolled at EDDA as of February 1st I will be automatically charged, using the credit card on file, for the Summer Concert Fee (\$50) and Costume Fee(s) (\$80 per costume) unless I have contacted the EDDA office IN WRITING, prior to January 15th, that my dancer(s) will not be participating in the Summer Concert Recital. June tuition and all fees must be paid in order to receive costume(s).
5. To withdraw from a class, an official withdrawal form must be submitted to the EDDA office manager. Verbal withdrawal with an instructor or classmate is not sufficient for EDDA book keepers, and tuition dues will compound should there be a failure to withdraw properly. Withdrawal forms not received before the 15th day of the month prior to discontinuance will result in normal charge of tuition fees for the following month.
6. Students must adhere to the EDDA dress codes. Cover dance clothes when coming to and from the studio, it is a courtesy and for your safety. To preserve the quality of our facility, no street shoes are allowed in the studios, and no dance shoes outside. Any students choosing to wear short shorts (booty shorts) are required to wear tights. This policy will be enforced.
7. Classes with fewer than 3 students will be cancelled. Make-up classes are allowed in the same technique and level or lower on another day up to three months after the cancelled class. No refunds or pro-rated credits will be given for missed classes.
8. Any parent/guardian who does not pick up a student immediately after class will be charged a \$1 fine for every 1 minute late after the studio has closed. El Dorado Dance Academy does not assume responsibility for children before or after class. In respect for our neighboring businesses and student safety, students must remain inside studio until ready to leave.
9. EDDA uses photographic and/or video images of its customers for marketing, publicity and advertising purposes. No personally identifiable information will be given out regarding the images. EDDA is authorized for use of those images without pay or compensation. All representations of the photographic images constitute EDDA's property, solely and completely.

I have read this fully and understand the above written statements.

STUDENT OR PARENT/GUARDIAN SIGNATURE DATE

I AM AWARE: (PLEASE INITIAL)

I agree and understand my monthly tuition, in the amount of \$, will be debited from my account on the first of every month while I am enrolled at EDDA.

VISA MASTERCARD We are unable to process Discover or American Express.

Credit Card #: Expiration Date: CVV Code:

Cardholder Name (Printed): Signature: