



ACCOUNT#

REGISTRATION FORM

PAGE 1 of 2

PARENT/GUARDIAN:

LAST NAME FIRST NAME

ADDRESS CITY: STATE: ZIP:

HOME PHONE: CELL PHONE: EMAIL ADDRESS:

EMPLOYER WORK PHONE

STUDENT:

LAST NAME FIRST NAME D.O.B.

HOME PHONE: CELL PHONE: EMAIL ADDRESS:

HOW MANY YEARS HAS STUDENT STUDIED DANCE?

- None
 0-6 months
 6 months - 1 year
 1-2 years
 3-4 years
 4+ years

WHAT CLASSES WERE TAKEN PREVIOUSLY?

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

1. DISCIPLINE DAY TIME

2. DISCIPLINE DAY TIME

3. DISCIPLINE DAY TIME

4. DISCIPLINE DAY TIME

5. DISCIPLINE DAY TIME

6. DISCIPLINE DAY TIME

HOW DID YOU LEARN ABOUT EL DORADO DANCE ACADEMY?



REGISTRATION FORM

PAGE 2 OF 2

PERTINENT MEDICAL DETAILS:

Are there any physical problems, Allergies, past injuries or special needs that El Dorado Dance Academy (EDDA) should know about in order to better serve your child? Are you currently taking any medication regularly?

INSURANCE COMPANY: _____

AUTHORIZATION TO CONSENT TO EMERGENCY TREATMENT OF A MINOR:

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

CONTACT FAMILY PHYSICIAN:

NAME: _____ PHONE: _____

EMERGENCY CONTACT #2

NAME: _____ PHONE: _____ RELATIONSHIP: _____

EMERGENCY CONTACT #3

NAME: _____ PHONE: _____ RELATIONSHIP: _____

I/we the undersigned parent(s) of _____, a minor, do hereby authorize El Dorado Dance Academy, as agents for the undersigned in our absence, to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision and upon the advice of any physician or surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at the duly licensed medical facility. It is understood this authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific care which the aforementioned physician in the exercise of best judgement may deem advisable. 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).

STUDENT OR PARENT/GUARDIAN SIGNATURE _____ DATE _____

(Parent/Guardian must sign if student is under 18)



POLICIES

PAGE 1 OF 1

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

- _____ 1. Annual registration fee of \$25 per family is due at time of registration and is non-refundable.
- _____ 2. Enrollment and tuition dues are for one full season (August to June). All tuition is payable in the first week of classes each month. Late fee of \$10 applies if not paid by the 10th of each month.
- _____ 3. To withdraw from a class, an official withdrawal form must be submitted to EDDA staff. Verbal withdrawal with an instructor is not sufficient for EDDA book keepers, and tuition dues will compound should there be a failure to withdraw properly. Withdrawal forms not received two weeks before the 1st week of classes in any given month will result in normal charge of tuition fees for that month.
- _____ 4. There will be a \$30 service charge for any returned check.
- _____ 5. 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.
- _____ 6. Arrival to class on time is extremely important allowing time for attendance and a proper warm up. It is suggested that each student arrive approximately 10 minutes before class. Please note that late arrivals of more than 15 minutes are welcome to watch class, but not allowed to take class.
- _____ 7. Any parent/guardian who does not pick up a student immediately after class will be charged a \$10 fine for every 15 minutes 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 business and student safety, students must remain inside studio until ready to leave.
- _____ 8. 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.
- _____ 9. We encourage parents to participate in their child's dance development and class observation is officially allowed in the first week of classes in October, December, February, April and June. Please secure permission with the instructor if you wish to observe at another time.
- _____ 10. No food, candy or drinks (other than water) are allowed anywhere in the facility—no exceptions.
- _____ 11. 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. Such insurance includes coverage for any and all activities in which my child will participate with EDDA. I understand and agree that EDDA does not, and cannot, assume any financial responsibility for any medical assistance or care 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.
- _____ 12. El Dorado Dance Academy instructors and staff are not responsible nor will they be liable for loss or damage to personal property.
- _____ 13. 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, soley and completely.
- _____ 14. El Dorado Dance Academy (EDDA) will not tolerate hazing or ridicule of any sort. Constructive criticism however, when requested, is always appreciated by students of all ability levels. If there is a problem with hazing, please contact an EDDA staff member immediately.

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

STUDENT OR PARENT/GUARDIAN SIGNATURE

DATE

(Parent/Guardian must sign if student is under 18)



AUTO-DEBIT APPLICATION

____ Please enroll us in El Dorado Dance Academy's (EDDA) AUTO-DEBIT program.
I agree and understand my monthly tuition, in the amount of \$_____, will be debited from my account on the first of every month while you are enrolled at EDDA.

____ To withdraw from EDDA I understand tha an official withdrawal form must be submitted to EDDA staff. Verbal withdrawal with an instructor is not sufficient for EDDA book keepers, and tuition dues will compound should there be a failure to withdraw properly. Withdrawal forms not received two weeks before the 1st week of classes in any given month will result in normal charge of tuition fees for that month. El Dorado Dance Academy does not refund, pro-rate or credit.

____ Auto-Debit cancellation or tuition amount adjustment occurs only if I ADD or DROP a class by notifying El Dorado Dance Academy Reception in writing (ADD/DROP Form).

____ Verbal discussion or consistent absences do not constitute an adjustment to tuition fees or assumed cancellation.

____ Credit Card Denial will result in phone call notification. \$25.00 Non Sufficient Funds Fee will be charged to your account. The full amount of tuition must be paid prior to the 10th of the month to avoid an additional \$10 Late Fee.

- VISA
- MASTERCARD

We are unable to process Discover or American Express at this time.

Credit Card #: _____ Expiration Date: _____

Cardholder Name (Printed): _____

Signature: _____