



INTEGRITY IN DANCE AND LIFE
www.eldoradodance.com

REGISTRATION FORM

PAGE 1 OF 2

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

Table with 4 columns: DISCIPLINE / LEVEL, DAY, TIME, INSTRUCTOR. Rows 1, 2, 3.

HOW DID YOU LEARN ABOUT EL DORADO DANCE ACADEMY?

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

PERTINENT MEDICAL DETAILS:

Any special needs (physical or mental), allergies, past injuries, 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. I give my consent to participate in this program. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

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



INTEGRITY IN DANCE AND LIFE
www.eldoradodance.com

POLICIES & AUTO-DEBIT AUTHORIZATION

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

- 1. REGISTRATION: Annual registration fee of \$50 per family is due at time of registration and is non-refundable. A "dance season" is August to June...
2. PAYMENT: All tuition, along with any past due or unpaid open balances, will be auto debited from my account on the 1st business day of each month...
3. NO REFUNDS: El Dorado Dance Academy does not pro-rate, refund, or credit accounts...
4. PERFORMANCE: It will be assumed that if my child is enrolled at EDDA as of February 1st I will be automatically charged...
5. WITHDRAWAL: To withdraw from a class, an official withdrawal form must be submitted to the EDDA office manager...
6. DRESS CODE: Students must adhere to the EDDA dress codes...
7. CLASS CANCELTION / DURATION REDUCED: Classes with fewer than 5 students enrolled may be cancelled...
8. LATE PICK-UP: Any parent/guardian who does not pick up a student immediately after class will be charged a \$1 fine...
9. USE OF PHOTOGRAPHY: EDDA uses photographic and/or video images of its customers for marketing, publicity, and advertising purposes...
10. LATE ARRIVAL: For the safety of your dancer(s), students who arrive 15 minutes (or more) late to class will be asked to sit and take notes...

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 \$_____, and any outstanding balances 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: _____

Military Service Veteran: []