

# WALLA WALLA DANCE COMPANY

## Registration and Release Form

<b>Today's Date</b> _____	<b>Payment</b>	
<b>Last Name:</b>	<b>First Name:</b>	<b>Age:          Birthdate:</b>
<b>Address:</b>	<b>City:</b>	<b>Zip:</b>
<b>Parent(s) Names:</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>E-mail:</b>	<b>Student E-mail:</b>	<b>How did you learn about us?</b>
<b>Emergency Contact Person:</b>	<b>Emergency Contact Person:</b>	<b>Medical Conditions:</b>

**Liability Release:** Please read, sign and date.

I acknowledge that dance is a physical art form and there is a possibility of injury. Although the staff are trained teachers, I understand that my daughter/son is assuming the risk of such injury and I release the Walla Walla Dance Company, and there instructors/coaches from any claim for injuries sustained under their supervision. In the event that I am not present, and unable to be reached, I authorize the Walla Walla Dance Company staff to seek medical attention in case of emergency. **By signing below, I acknowledge that I have read, understand any assumed risks and will abide by the tuition policies of The Walla Walla Dance Company.**

**X** \_\_\_\_\_ **Date** \_\_\_\_\_

**CLASS PAYMENTS:**

**Due by the 10<sup>th</sup> of each month, however the first payment is due at the first class. There are no refunds for illness or vacation. You may however attend a similar level class. If classes are canceled due to dangerous weather, there will be a scheduled make up class. There is a \$15 late fee and a \$25 nsf fee.**

**PAYMENTS**

1<sup>st</sup> Payment \_\_\_\_\_  
 2<sup>nd</sup> Payment \_\_\_\_\_  
 3<sup>rd</sup> Payment \_\_\_\_\_  
 4<sup>th</sup> Payment \_\_\_\_\_  
 5<sup>th</sup> Payment \_\_\_\_\_