

Lincolnshire Academy of Dance
 2019 Summer Registration Form/Waiver- July 8-August 16, 2019
 Summer Schedule is online at www.lincolnshireacademyofdance.com

Please fill out one form per student. Please notify the studio with class changes or withdrawals.
 Registration begins online starting **March 5, 2019.**

PLEASE READ, COMPLETE ENTIRE FORM AND SIGN WAIVER. THANK YOU.

Student's Name _____ Date of Birth _____

School/Grade 2019/2020 _____

Address _____ City, State, Zip Code _____

Parent/ Guardian _____ Parent/Guardian E-mail _____

Home Phone # _____ Parent/Guardian Cell # _____

Medical Conditions/Allergies _____

Emergency Contact

Name/Phone/Relation _____

<u>Class</u>	<u>Day</u>	<u>Time</u>	<u>Total Tuition</u>
1.			\$114
2.			\$216
3.			\$306
4.			\$384
5.			\$450
6.			\$558
7.		Unlimited Student	\$650
8.		Unlimited Family	\$750

Drop-in Rate-\$20/Class

We accept cash, checks made payable to the Lincolnshire Academy of Dance and credit card* payments in person at the studio or online through your account. *All debit & credit card payments will be charged a 3.5% processing fee.

ALL SUMMER PAYMENTS MADE IN FULL BY MAY 1 RECEIVE A 10% DISCOUNT. CODE- SUMMER2019

Registration Fee- \$10/student for the Summer Session

Tuition Total= \$ _____ + \$10 Reg. Fee/Student=\$ _____ *DUE UPON ENROLLMENT

I/We, on our own behalf and as Guardian of _____ (insert name of student), hereby release Lincolnshire Academy of Dance, its agents, affiliates, assigns and independent contractors from any and all actions, causes, causes of action, suits, damages, claims and liability whatsoever, at law or in equity which I/We may have with respect to personal injury, illness, or property damage or any other damage that may be incurred, occurring on or off the school's premises. I have read the academy's policies as outlined. I will adhere to the academy's policies and dress codes.

I understand I am responsible for tuition payments as described and that there are no tuition refunds or credits. Any missed classes may be made up in the summer session or through the 2019/2020 session. I understand class schedule and faculty are subject to change. Refunds will only be granted for medical reasons with a doctor's note.

I certify that my child is in good health and capable of participating in all school activities and classes. I have consulted a physician to determine the risks, if any, in participating in said activities and accept said risks freely and voluntarily. I hereby give permission to Lincolnshire Academy of Dance to take photographs and use these images for promotional purposes only.

Parent/Guardian Signature _____ Date _____

