

Hamden Academy of Dance-n-Music

Registration Form / Automatic Payment Consent Form / 3 Month Payment

Dance _____ Music _____ Both _____

Student: _____ Age: _____ D.O.B _____

Phone # _____ Work/Emergency # _____

Address: _____ City _____ Zip _____

E-mail address _____

How did you hear about us?

Internet _____ Sign _____ Other _____ Referral _____

Dance Classes

Foundation & Technique _____ Jazz _____ Tap _____ Lyrical _____ Hip-Hop _____ Creative Movement _____ Multi' _____
 Liturgical _____ Brown Sugar _____ Brown Squad _____ Cheer Dance _____ Ballet _____ Pointe _____ Modern _____
 Alumni Class _____ Parent/Adult Dance _____ All Boy H.H. _____

Class Selections:

Class:	Day:	Time:	Teacher:
Class	Day	Time	Teacher
Class	Day	Time	Teacher
Class	Day	Time	Teacher
Class	Day	Time	Teacher
Class	Day	Time	Teacher
Class	Day	Time	Teacher
Class	Day	Time	Teacher

Method of Payment:

*** All charges will appear on your bank or credit card statement as Hamden Academy of Dance-n-Music**

Checking Account – attach voided check – Card Holders Name: _____

Visa _____ Mastercard _____ Card Number _____ Expiration Date _____

I hereby authorize Hamden Academy of Dance-n-Music to charge my account the amount of \$_____ on the 1st 5th 10th (circle your choice) of each month Starting On _____ and ending on _____. I will give Hamden Academy of Dance-n-Music one month's written notice from the first of the month to discontinue these charges. I understand the school policies and agree to abide by them.

POLICIES AND PROCEDURES:

I/We, the parent/guardian of _____ hereby give my/our approval for _____ to participate in any and all activities including but not limited to classes, trips, events given by Lia Davila individually and dba Ultimate Dance Experience/Hamden Academy of Dance-n-Music.

I/We assume all risks and hazards incidental to such participants including transportation to and from the activities; and I/We hereby waive, release, absolve, indemnify and agree to hold harmless Lia Davila individually and dba Lia's Ultimate Dance Experience/Hamden Academy of Dance-n-Music, its organizers, supervisors, participants and persons transporting my/our child to or from activities, from any claim arising out of injury to my/our child, except to the extent and in the amount covered by accident or liability insurance.

I/We authorize any licensed physician to provide treatment, order injections, hospitalize, give anesthesia, or perform surgery for _____ . I/We understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment that the physician may deem advisable in his/her exercise of best judgement. I presume a reasonable attempt was made to contact me, the parent/guardian.

Parent Signature: _____ Date: _____

Registration Fee is \$25 /\$10 each additional sibling. This is a fee of intent to attend. Tuition is \$50 a month \$30 for each additional class. Sibling rates are available.

Parent Signature: _____ Date: _____

OFFICE USE:

Monthly Fee: _____ Code: _____

Employee Signature: _____ Date: _____