

**AHHS Dance Department**  
**Afterschool Ballet**  
**#WeMove**  
**2016-2017**

“Where Dancers are Known, Valued, and Inspired”

**Registration Form**

Please Print & Complete **ALL** Sections

1. Student Information		
Name:	AHHS Level:	Age:
School attending:	Grade/Year:	DOB:
Home address: Apt:	City:	Zip Code:
Student's Phone:	Student's Email:	
Emergency Contact other than Responsible Party:	Relationship to Student:	Emergency Phone:
Dance History: Previous training, most recent classes, teachers & locations:		
2. Please Select the session(s) you are registering for.		
<input type="checkbox"/> All 3 Six Weeks	\$240	\$
<input type="checkbox"/> 1st Six Weeks	\$80	\$
<input type="checkbox"/> 2nd Six Weeks	\$80	\$
<input type="checkbox"/> 3rd Six Weeks	\$80	\$
Total Deposit Fee Due (50% of tuition)		\$
Remainder of Tuition Due		\$

- 50% of tuition must be paid by the first class. This is a non- refundable down payment.

## Medical Form and Waiver

Please Complete **All** Sections

<b>PARENT/GUARDIAN INFORMATION IF PARTICIPANT IN UNDER 18:</b>		
Parent/Guardian Name:		
Address:		Apartment:
City:	State:	Zip Code:
Cell Phone:	Home:	
Email:		
List any physical or dane related problems you have including injuries, bone, joint, or muscular disorders, etc:		
List any medical conditions you have including asthma, high or low blood pressure, heart conditions, allergies etc:		
List medications that you take regularly (prescription/non - prescription):		
<b>In Case of Emergency Notify</b>		
Contact's Name:		
Contact's Phone:		Relationship:
Physician:		Phone:
<b>Liability Waiver</b>		
In consideration of the acceptance of this registration entry, I, the undersigned, accept full responsibility of the above named student participant in this event; and I hereby release and hold harmless the AHHS Dance Department and all other persons and entities associated with this even from all injuries and damages.		
Student's Signature:		Date:
Parent/Guardian Signature: (if student is under 18)		Date:
**you may use the reverse side of this form for additional information or explanation of any medical conditions or medications if necessary**		

## Payment Form and Financial Agreement

<b>1. Responsible Party Information (to be completed by Adult student, Parent, or Legal Guardian)</b>		
Responsible Party Name:		
Billing address:	Apartment:	
City:	State:	Zip Code:
Cell Phone:	Work Phone:	
Email Address:	Employer:	
Does your employer contribute to the Arts? Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )      Offer matching funds? Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )		
<b>2. Method of Payment</b>		
( <input type="checkbox"/> ) Cash		
( <input type="checkbox"/> ) Money Order/ Check Enclosed ** Please make checks payable to AHHS Dance Guild		
( <input type="checkbox"/> ) Debit or Credit Card Payment		
Visa _____      Mastercard _____      AMEX _____      Discover _____		
Cardnumber:	Exp:	CVC:
I, undersigned, am responsible for the full tuition and understand that there is no adjustment of tuition when the student is absent. I give permission for the above account to be cahrged the tuition fees associated with this enrollment. I have read, understand and agree to abide by all of the policies and procedures of the AHHS Dance Department.		
X		
_____ Signature of Cardholder/Responsible Party		_____ Date

## Financial Procedures and Policies

- Payment and form submission options:
  - In person: 4501 West Freeway, Fort Worth, TX 76107 (in the dance room)
  - By Email: scan completed forms and attach to email then send to [ahhsdance@gmail.com](mailto:ahhsdance@gmail.com)
- A \$30 fee is added to checks returned for insufficient funds and must be reconciled with certified funds (cash, cashier's check, credit/debit card and/or money order) within 10 business days from the date of verbal or written notification by AHHS Dance Guild.
- Students are required to pay per semester or per six weeks. AHHS Dance is not responsible for classes missed due to illness, injury, or time conflicts.
- AHHS Dance is not responsible for lost or misplaced personal property.
- **50% of tuition must be paid by the first class.** This is a **non-refundable** down payment.

## Class Etiquette

- Students are expected to arrive prior to class beginning.
- Female students are expected to wear tights and a leotard with ballet shoes and their hair pulled up off of their neck.
- Male students are expected to wear black or white tights with a form fitted, solid colored shirt and ballet shoes.
- Students will treat the instructor as well as fellow students with respect.

**\*Students who fail to follow the dress code will not be permitted in class.**

## Class Calendar

**Classes will be on Wednesdays and Fridays from 4:00 to 5:30**

### **1<sup>st</sup> Six Weeks**

- September 7, 2016 to September 30, 2016

### **2<sup>nd</sup> Six Weeks**

- October 3, 2016 to November 4, 2016

***\*No Class on October 21, 2016***

***\*No Class on November 4, 2016***

***\*No Classes during FWISD Thanksgiving Break***

### **3<sup>rd</sup> Six Weeks**

- November 7, 2016 to December 22, 2016

***\*No Class on November 18, 2016***

***\*No Class on December 16, 2016***

***\*No Classes during FWISD Winter Break***