

**AHHS Dance Department
 Summer Intensive 2017**

“Where Dancers are Known, Valued, and Inspired”

Registration Form

Please Print & Complete **ALL** Sections

| 1. Student Information | | | | |
|--|---------------|--------------------------|------------------|----|
| Name: | Ethnicity: | 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"/> | Both Sessions | June 19 - June 30 | \$350 | \$ |
| <input type="checkbox"/> | 1st Session | June 19 - June 23 | \$200 | \$ |
| <input type="checkbox"/> | 2nd Session | June 26 - June 30 | \$200 | \$ |
| Early Registration Discount (\$50 off) | | | | \$ |
| Total Due | | | | \$ |

- **50% of tuition must be paid by May 15th. This is a non- refundable down payment.**

Medical Form and Waiver

Please Complete **All** Sections

| | | |
|--|---------------|---|
| Student's Name: | | Date: |
| Birthdate: | Age: | (<input type="checkbox"/>) Female (<input type="checkbox"/>) Male |
| Address: | | Apartment: |
| City: | State: | Zip Code: |
| Cell Phone: | Home Phone: | |
| Email: | | |
| PARENT/GUARDIAN INFORMATION IF PARTICIPANT IN UNDER 18: | | |
| 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): | | |
| In Case of Emergency Notify | | |
| Contact's Name: | | |
| Contact's Phone: | Relationship: | |
| Physician: | Phone: | |
| Liability Waiver | | |
| 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

| 1. Responsible Party Information (to be completed by Adult student, Parent, or Legal Guardian) | | |
|--|------------------|---------------------------|
| 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"/>) | | |
| 2. Method of Payment | | |
| (<input type="checkbox"/>) Cash Payment | | |
| (<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:
 - By Mail: 4501 West Freeway, Fort Worth, TX 76107
 - By Email: scan completed forms and attach to email then send to 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 for all classes. 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 May 15th.** This is a **non-refundable** down payment.
- **Tuition must be paid in full by June 12th in order for student to participate**