

CONSERVATORY OF DANCE

ADULT REGISTRATION FORM 2016-2017

ACCOUNT INFORMATION

Input:

Initials:

Returning student please check this box and only fill out sections that have changed.

First Name: _____ Address: _____

Last Name: _____ City, State, Zip: _____

Class Card Exp. Date ___ / ___ Home Phone: _____ Cell: _____

Drop-In Employer: _____

Office Use Only: _____ E-mail: _____

EMERGENCY CONTACT (If different from above)

Name: _____ Phone: _____ Relationship: _____

CLASSES THAT INTEREST YOU (Check all that apply)

Ballet

Bollywood

Jazz

Stretch

Zumba

Beachbody Insanity

Hip-Hop

Pilates

Tap

Other _____

HOW DID YOU FIND OUT ABOUT CONSERVATORY OF DANCE?

FRIEND NEWSPAPER WEBSITE MAILING OTHER _____

SIGNATURE REQUIRED By signing this form, I acknowledge the Conservatory of Dance policies and will abide by them.

SIGNATURE: _____ **DATE:** ___ / ___ / ___

Please read and initial below, indicating that you understand and agree to the following:

_____ Photographs: Conservatory of Dance is hereby granted permission to take photographs of students to use in brochures, websites, posters, advertisements and other promotional materials created by the school. Permission is also hereby granted for the school to copyright such photographs in its name.

_____ By signing this form I understand that I will be participating in dance classes and performances with Conservatory of Dance. In consideration of receiving dance instruction including special classes. I hereby release Conservatory of Dance and its owners, instructors and employees of any and all claims for damage of any kind which may grow out of receiving dance instruction or participation in dance classes or performances. I further release and agree to indemnify and hold harmless Conservatory of Dance and its owners, instructors and employees from any demands, claims or causes of action, suits or liabilities as a result of participation in dance instruction, classes or performances.

CONSERVATORY OF DANCE

ADULT REGISTRATION FORM 2016-2017

REGISTRATION INFORMATION

CLASS	DAY	TIME	INSTRUCTOR

PAYMENT INFORMATION

AUTOMATIC PAYMENT CONSENT FORM

This form must be filled out completely.

CARD HOLDER'S INFORMATION

FIRST NAME: _____ MIDDLE INITIAL: ____ LAST NAME: _____

STUDENT'S NAME (First & Last): _____

CARD #: _____ EXP: ____ / ____ CVN: _____

I hereby authorize Conservatory of Dance to charge my account the tuition amount of \$ _____ on the 1st day of each month starting ____ / 1 / ____ and ending ____ / 1 / ____.

I also hereby authorize Conservatory of Dance to charge my account at my discretion, for any outstanding balances, costs, and/or payments that I may incur.

Print Name: _____ Signature: _____

Date: ____ / ____ / ____

By signing above, I acknowledge that I have read, and understand and agree to Conservatory of Dance's Automatic Payment Consent Form.