Harrisburg Academy of Dance™

4409 Locust Ln, Hbg PA 17109 • 717/652.7071 • HADtoDance.com

2009-10 Student Registration Form

❶ Billing Contact (PLEASE PRINT)

❑ Mr. ❑ Ms. ❑ Mrs. ❑ Other (specify)_____

LAST name_____ FIRST name_____

Address_____

City_____ State_____ Zip+4®_____

HOME fōn_____ WORK fōn_____ EMERGENCY fōn_____

Email_____

❷ Student Specifics (ONE STUDENT PER REGISTRATION FORM, PLEASE)

LAST name_____ FIRST name_____

Date of Birth_____/_____/_____ Parent/Guardian_____

❸ Your Class Schedule (PLEASE PRINT)

Date of Your First Class_____/_____/_____

Day_____ Time_____ Class_____ Day_____ Time_____ Class_____

Day_____ Time_____ Class_____ Day_____ Time_____ Class_____

Day_____ Time_____ Class_____ Day_____ Time_____ Class_____

Terms & Conditions

A. We DO NOT accept cash—only checks, money orders Visa®, MasterCard®, Discover®, and American Express®.

B. All service, merchandise, tuition and other fees are non-refundable; no exceptions.

C. $30 registration fee must accompany this form; if paying by check/money order, include first and last month's tuition.

D. Any student who misses one (1) or more months of class(es) will be required to pay a new registration fee before returning to class; no exceptions.

E. All students must notify us IN WRITING thirty (30) days prior to discontinuing a class; otherwise, s/he will be financially responsible for all unattended classes; no exceptions.

❹ Method of Payment

❑ Visa® ❑ MasterCard® ❑ Discover® ❑ American Express® ❑ Personal/Business Check* ❑ Money Order*

Name on Card (PLEASE PRINT)_____

Card Number |____|____|____|____| - |____|____|____|____| - |____|____|____|____| - |____|____|____|____| Expiration Date_____/_____

CVV or CVV2 Code |____|____|____|____|

Signature_____ Today's Date_____/_____/_____

NOTE: If paying by credit card, you give Harrisburg Academy of Dance™ permission to charge your card for your tuition on or about the first of each month.

*If paying by check/money order, see item three of our Terms & Conditions (above). A returned check fee of twenty dollars ($20) will be charged for all checks returned unpaid.

❺ Standard Liability Release and Affirmation of Condition ("Agreement")

In consideration of your permitting my and/or my child/ren's (hereinafter "I" or "myself" or "my") participation in the activity/function of dance classes, shows, performances, and any other activity related thereto, I hereby assume all risk of injury, harm, or damage to myself or others or to any property arising from my participation in this activity, and agree to indemnify, defend and hold harmless Harrisburg Academy of Dance™ ("HAD") and the dance studio, theater or other location where these activities may be held, and their respective subsidiaries, employees, and any other persons and entities associated with these activities, against any and all liability, actions, claims, and damages of any kind whatsoever arising from my participation in this activity. I attest and verify that I am physically and mentally fit to participate, know how to and/or am able to follow orally-given instructions, will wear the appropriate clothing and shoes, and have full knowledge of any risk involved in this activity. In the event I cannot be reached, I hereby give my permission to the management, faculty, staff of HAD to authorize any emergency medical care that may be required by the above student during participation in classes, performances, or any related events. I understand that I am responsible for any and all charges as a result of such care or medical treatment. This authorization extends throughout the current academic year and throughout the summer or until the student is no longer enrolled at HAD, whichever comes first. Lastly, in exchange for consideration received through your permitting my participation in this activity, I give HAD permission to use my name, photographic likeness, voice and remarks in all forms and media for advertising, trade and any other lawful purposes. I HAVE READ THIS AGREEMENT CAREFULLY, I UNDERSTAND MY OBLIGATIONS HEREUNDER, AND MY QUESTIONS, IF ANY, HAVE BEEN ANSWERED TO MY SATISFACTION.

❻ AGREED TO AND ACCEPTED BY:

Printed Name_____

Date_____/_____/_____ Signature_____

FOR OFFICE USE ONLY

____/____/____ _____

PROPRIETARY AND CONFIDENTIAL — DO NOT COPY — FOR INTERNAL USE ONLY

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