Session classes

Registration and Waiver

I am registering for:

- □ Workshop
- □ Session
- □ Summer Camp

NAME OF STUDENT:_____BIRTHDATE:(M/D/Y)_____

(IF you are under 18) *Parent(s) Name(s)_____

CLASS(ES) to be registered in:_____

_____

Mailing address:_____

City:_____ postal code:_____

Home phone:_____ Cell phone:_____

Email:_____@_____

Who may we call in case of emergency? (name, relationship & phone)

_____

MEDICAL INFORMATION:

Medical Concerns and/or Allergies:_____

_____

Doctor: _____phone:_____

WAIVER & Cancellation agreement:

Participation in general fitness and physical activity involves a risk of normal injuries. An individual's participation will be seen as an acceptance of such risks.

I understand that the Academy of Expressive Dance, its instructors, employees, and owners are NOT responsible for ANY injury, accident, theft, or loss of any kind incurred at/on the studio, premises, or property. I agree to abide by all rules, regulations, and instructions outlined by the Academy/employees/instructors. I agree to accept responsibility for any personal injuries and losses, and I hereby release The Academy of Expressive Dance/owners/employees/ instructors of all liability.

Cancellation & Refunds: Because of the short length of our sessions, we only offer refunds for extenuating circumstances. Please note that for medical conditions, a Doctor's note may be required. **No refund claims will be honoured after a session/workshop/camp has ended.** I have read the tuition information sheet and accept the refund policies of the Academy. I understand that there are no allowances for credits/refunds for a class I miss. Classes canceled due to instructor illness or poor weather will be added onto the end of a session, or a credit will be given to the student's account.

_____ _____

Signature Date

The Academy of Expressive Dance
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