



401 North Parham Road  
 Richmond, Virginia 23229  
 (804) 774-4302  
 academies@weag.org  
 weacademies.org (website)

## 2018-19 Yearly/Semester DANCE academy — Class Sign Up

### Class Sign Up

**Student #1 Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Medical Information:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Class Name (Ballet, Jazz, Etc)	Level (A, B, C, I, II, III)	Instructor	Day	Time	Class Tuition

**Student #2 Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Medical Information:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Class Name (Ballet, Jazz, Etc)	Level (A, B, C, I, II, III)	Instructor	Day	Time	Class Tuition

**Student #3 Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Medical Information:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Class Name (Ballet, Jazz, Etc)	Level (A, B, C, I, II, III)	Instructor	Day	Time	Class Tuition

**Billing Information:**

- For yearly classes, half the total tuition is due with registration and the remaining half will be due on January 1, unless paying monthly.
- For semester-long classes, summer classes, camps and workshops, the full amount is due with registration.
- It is very important that you provide us with an e-mail address that is checked often and to which we can send statements and reminders.

Family Tuition Subtotal: \_\_\_\_\_  
 5% Multi-Class/Family Discount: \_\_\_\_\_  
 Other Discount: \_\_\_\_\_  
 Subtotal After Discounts: \_\_\_\_\_  
 Total Amount Due: \_\_\_\_\_  
 Sum Enclosed: \_\_\_\_\_

_____
_____
_____
_____
_____
_____

\*\* discounts may not be combined

**Billing Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Billing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Billing Email Address (REQUIRED\*)** \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_

I made a payment at weag.org online giving by credit card on \_\_\_\_\_ (date)

**PART II: Family Information**

How did you hear about us?

Family/Friend  WEAG Announcement  Outside Banner  Radio  Magazine  Other \_\_\_\_\_

Family Information  Same as billing information.

Name	Phone		
Address	City	State	Zip
Email Address (REQUIRED*)			

**Parent Information (if student is a minor)**

Father (Guardian) Name		Mother (Guardian) Name	
Email Address		Email Address	
Cell Phone	Work Phone	Cell Phone	Work Phone
Emergency Contact #1	Phone		
Emergency Contact #2	Phone		

**MEDICAL:** Please be sure that you have listed and explained all medical problems in the medical info section on the first page. Include heart problems, seizures or epilepsy, asthma, eating disorders, allergies, and all problems affecting back, feet, knees, hip area, etc. Please let us know if you/your student is on any regular medication that may affect your/his/her performance. Please include any other area that may affect your/your student's performance in dance class, or if you/your student has any special needs/disabilities that we should know about (A.D.D., autism, etc.) so that our teachers can make sure you/your student has the best experience possible.

**PLEASE READ AND SIGN THE FOLLOWING:** By signing below, I am committing to pay the full class amount regardless of continued participation. I understand that tuition is non-refundable. Once registered, the balance on classes is due regardless of the situation. Credits will be given only for Medical emergencies, with proof from a doctor. I understand that, in the event that I am/my student is unable to attend classes due to prolonged injury or illness, that I will inform we ACADEMIES of Art DANCE academy if such condition exists. Furthermore, I understand that a refund will be made ONLY on the basis of medical reason due to physical injury that prohibits continued class participation and that a doctor's certificate may be required. Refunds will be made on a pro rata basis from the date of our notification and upon approval of written requests. I have read the student policy and agree to all guidelines and stipulations therein.

I am aware that dancing, and gymnastic exercises associated with dance, places unusual stresses on the body and carries with it the risk of physical injury. On behalf of myself/my child, I assume this risk and agree that neither West End Assembly of God nor we ACADEMIES of Art shall be liable in any way for injuries sustained during attendance at we ACADEMIES of Art or any of its related functions.

I grant myself, child or ward permission to participate in we ACADEMIES of Art DANCE academy's current session. I hereby release and discharge West End Assembly of God and we ACADEMIES of Art, their agents, employees, and officers from all claims, demands, actions, judgments, and executions which the undersigned or his/her heirs, executors, administrators or assigns may have, or claim to have, against West End Assembly of God or we ACADEMIES of Art, or their successors or assigns, for all personal injuries caused by, or arising from, the above-described activities or any activities related thereto.

I also grant weACADEMIES permission to use images or video of myself, my child or ward, taken at weACADEMIES classes, performances or events, within weACADEMIES promotional materials.

Student or Parent Signature (if student is a minor) \_\_\_\_\_ Date: \_\_\_\_\_

Please do not write below this line.

---