



401 North Parham Road  
 Richmond, Virginia 23229  
 e-mail: [academies@weag.org](mailto:academies@weag.org)  
 website: [weacademies.org](http://weacademies.org)

## 2019 weDance Camp Registration

*Stand firm in the faith; be courageous; be strong. Do everything in love.*  
 1 Corinthians 16:13-14

Student Name: \_\_\_\_\_  
 Parents (if minor): \_\_\_\_\_  
 Age and Grade (minor): \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 \_\_\_\_\_ Other No: \_\_\_\_\_  
 E-Mail(s): \_\_\_\_\_

Please register me for the following Dance Camp level:

Grade k/1  2/3  4/5  6/7 \* (\$130) \$ \_\_\_\_\_

Please register me for the following Optional Tap Workshop level:

Beginner  Intermediate  (\$30) \$ \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Please list any medical conditions, including allergies:

Please list any other information of which the teacher/Academy should be aware:

Amount Enclosed: \_\_\_\_\_  Cash  Check  Payment online \_\_\_\_\_ (date)

Arts Camp requires a separate Registration Form, visit [weag.org](http://weag.org) for more information.

## **Instruction Agreement and Medical Release**

**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 take any regular medication that may affect your/his/her performance. Please include any other area that may affect your/your student's performance in 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. 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 promptly inform the weACADEMIES Director. 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 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 weACADEMIES shall be liable in any way for injuries sustained during attendance at weACADEMIES or any of its related functions.

I grant myself, child or ward permission to participate in weACADEMIES' current session. I hereby release and discharge West End Assembly of God and weACADEMIES, 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, or their successors or assigns, for all personal injuries caused by, or arising from, the above-described activities or any activities related thereto.

I agree that weACADEMIES and West End Assembly of God may use pictures and/or videos in which I or my student appear for the purposes of documenting and/or promoting weACADEMIES programs.

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

Date: \_\_\_\_\_