



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

2019-20 Yearly/Semester weDANCE academy — Class Sign Up

Please fill this form out completely, including initialing (where indicated) and signing the bottom of page 2.

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 by Sept 6 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 online 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 INITIAL/SIGN THE FOLLOWING: By initialing and 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 verification from a doctor. I agree that, in the event that I am/my student is unable to attend classes due to prolonged injury or illness. I will promptly inform weDANCE Director, Katherine Craddock (academies@weag.org), in writing. 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 tuition payment policy and agree to all guidelines and stipulations therein. _____ (please initial here)

I am aware that dancing and gymnastic exercises associated with dance place unusual stresses on the body and carry 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 weDANCE Academy shall be liable in any way for injuries sustained during attendance at weDANCE Academy or any of its related functions.

I grant myself, child or ward permission to participate in weDANCE Academy’s current session. I hereby release and discharge West End Assembly of God and weDANCE Academy, 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 weDANCE Academy, 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 weDANCE Academy permission to use images or video of myself, my child or ward, taken at weDANCE classes, performances or events, within weDANCE Academy promotional materials.

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

Please do not write below this line.