



401 North Parham Road
 Richmond, Virginia 23229
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 website: weacademies.org

DANCE + DRAMA + MUSIC

DANCE academy

2020-21 DANCE ACADEMY REGISTRATION FORM

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

Select a Payment Option:

- In full with registration (by 9/14)
- 50% by each of 9/14 and 1/4
- 9 equal installments (by 9/14 and 1st of Oct.-May)

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

E-Mail Address:

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.

** 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)

Link for online payment: <https://www.kindridgiving.com/App/Form/0161ecaf-8592-4bf6-b269-a68c5fb5ec37>

PART II: Family Information

How did you hear about us?

Family/Friend WEAG Announcement Outside Banner Online 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 ensure you have listed/explained all medical problems in the medical info section on the front page. Include heart problems, seizures/epilepsy, asthma, eating disorders, allergies, and all problems affecting back, feet, knees, hip area, etc. Please advise if you/your student is on any regular medication that may affect class 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:

Tuition Obligation: By initialing/signing below, I commit to pay the full class amount regardless of continued participation. I understand that tuition is non-refundable. Credits will be given only for medical emergencies. I agree that, in the event I am/my student is unable to attend classes due to prolonged injury/illness, I will promptly inform weDANCE Director, Katherine Craddock (academies@weag.org), in writing. I understand that a refund will be made ONLY for a medical reason or physical injury that prohibits class participation and that a doctor’s note may be required. Refunds will be made, pro rata, from the date of written notification which is subject to approval of the weDANCE Director. I further understand that, while in-studio classes are planned, classes may be held in virtual format in the event of a health-mandated or other building closure issue. I have read the tuition payment policy and agree to all stipulations therein. _____ (please initial here)

Release: I am aware that dancing and gymnastic exercises associated with dance place unusual stresses on the body and carry the risk of physical injury. I am also aware that participation in group activities carries a risk of transmission of illness. On behalf of myself/my child, I assume these risks and agree that neither West End Assembly of God nor weDANCE Academy shall be liable in any way for injuries/illness 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/illness 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. _____ (please initial here)

Temporary Health Protocol: I understand and agree that my/my student’s participation in class is conditioned upon compliance with the weDANCE Health Protocol in place as of the time of registration, a copy of which I have received, signed and submitted with this registration, and which may be adjusted or concluded, with notice to students/parents in writing, as health mandates and concerns may evolve. _____ (please initial here)

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