

Louisville Academy of Dance

Kristen Wenrick: Director

2009-10 REGISTRATION FORM

Student Name _____ M/F _____

Date of Birth _____ Age _____

Academic School _____ Grade _____

Student's Previous Dance Training _____

How did you hear about LAD? _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Work _____ Cell _____

E-mail _____

Emergency Contact _____ Phone _____

*** For those students not enrolling in Pre-Ballet or Beginning Ballet 1, please contact the Director regarding class placement.**

Class Level/Day/Time _____

Tuition Please note that you are signing your child up for the 17-week session.

Please see the Director regarding the sibling discount policy.

Payment in full for Session \$ _____

Installment Plan (1st of 4 payments) \$ _____

Sibling Discount:
-10% for 1st sibling, -20% for additional siblings \$ _____

SUBTOTAL \$ _____

\$15.00 Individual or \$25.00 Family Annual Registration Fee \$ _____

TOTAL \$ _____

**Please make checks payable to: Louisville Academy of Dance*

Mail to: Louisville Academy of Dance, Jefferson Trade Center, 3600 Chamberlain Lane,
Suite 354, Louisville, KY 40241

LAD POLICIES:

*** THERE IS A DRESS CODE. PLEASE REFER TO THE LAD PARENT/STUDENT HANDBOOK OR WEB SITE FOR PROPER ATTIRE.**

*** THERE ARE FEES FOR DELINQUENT TUITION PAYMENTS. PLEASE SEE THE LAD PARENT/STUDENT HANDBOOK OR WEB SITE FOR DETAILS.**

I agree to become familiar with and comply with the policies of the Louisville Academy of Dance as stated in the Parent/Student Handbook and on the web site. I also understand that my child/children are enrolled for the entire 17-week session and that no refunds or deductions will be granted for absence or withdrawal, unless for medical reasons.

Parent/Guardian signature _____ Date _____

Student signature _____ Date _____

Waiver of Liability: I, the undersigned, unconditionally release and discharge Louisville Academy of Dance, LLC and its faculty and staff, directors and volunteers from any and all liability arising from, related to, or connected with any injury, illness or damage caused by, resulting from, or sustained in the course of my child/children's participation or my participation in classes, performances or other activities conducted by or associated with Louisville Academy of Dance, LLC. I hereby attest that this Waiver of Liability is provided voluntarily and shall be fully binding upon my heirs, next-of-kin, executor, administrator and/or personal representative.

Parent/Guardian signature _____ Date _____

Student signature _____ Date _____

Please list any medical conditions that LAD needs to be aware of:

Media Release: I give permission for videotaped footage or photographs of my child/children to be used for promotional purposes on television, radio, print media, the internet, or any other media form.

Parent/Guardian signature _____ Date _____
