*Student's Full Name: _____ DOB: _____ <u>F or M (circle)</u>

Parent #1 Name:_____ Parent #2 Name:_____

Parent #1 Cell:_____ Parent #2 Cell:_____

Address:_____

E-mail Address of (1) parent: (for communications of notices and reminders):

_____

Emergency Contact & Phone Number: (someone other than the people listed above)

_____ _____

Student's School/Day Care:_____

Describe your student's past experience with dance instruction and performances:

_____

What (3) ways did you hear about our school? _____

Any special need or medial condition we need to be aware of: (allergies, asthma, medication, etc.)

_____

Classes Attending:

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

<u>*Release & Liability Waiver:*</u>
Please fill this form out in its entirety. An incomplete form may prevent the student from getting registered.
I understand that I am responsible for the tuition for the classes for which I am registered, and that registration and tuition is non-refundable. I give permission for The Wilson Ballet/The Medina Ballet, LLC to take and publish photos/video of me or my child. I agree that I will not hold The Medina Ballet/The Medina Ballet, LLC or any member or employee liable for any injury sustained or illness contracted while, I or my child, is a student. I exempt and release The Wilson Ballet/The Medina Ballet, LLC and its agents from any and all liability claims, demands or causes of action whatsoever from any damage, loss or injury to the student, parent, guardian, family member or personal property which may arise out of or in connection with participation in any The Wilson Ballet/The Medina Ballet, LLC activity by signing this form.
<u>*All classes are subject to change at any time. No refunds or exchanges.*</u>
<u>*In the event of an "Act of God" (force majeure) natural disasters, war and unforeseen government actions,*</u>
<u>*pandemics, epidemics, that are beyond a party's control, this contract will be upheld.*</u>

<u>*Production Package Fee: $325-$425*</u>
(includes flower bouquet, production video, costume fee/usage, production fee, 2 adult tickets, and 2 portraits)

<u>*Season Contact, Commitment & Payment*</u>
I understand that I am financially committing to the requirements needed for my student to attend this school and the classes listed above. I will be responsible for payment for the entire Season of 2021-2022, (August 2021-May/ June 2022) regardless of attendance and a payment requirement of every installment is required.

Parent's/Authorized Adult Name, Signature & Date: _____ _____

_____ _____

Credit Card Payment Authorization Form 2021-2022

Sign and complete this form to authorize The Wilson Ballet/The Medina/Wilson Ballet, LLC to make debits to your credit card listed below. Note: there is a 3-4% convenience fee added for each transaction.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, or multiple scheduled transactions listed below:

Please complete the information below:

I _____ (print full name) authorize **The Wilson Ballet/The Medina/Wilson Ballet, LLC** to charge my credit card account indicated below for _____ on or after _____. These payment are for (amounts/dates)_____. (description of goods/services)

Enrollment: _____ Date pd: _____ Classes/Workshops:_____ Date pd: _____

T-shirt:_____ Bag: _____ Jacket:_____ Polo:_____

Billing Address _____ Phone#_____

City, State, Zip _____ Email _____

Cardholder Name _____

Account/Credit Card Number _____

Expiration Date _____ CVC _____ I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amounts indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. _All classes are subject to change at any time. No refunds or exchanges._

In the event of an "Act of God" (force majeure) natural disasters, war and unforeseen government actions, pandemics, epidemics, that are beyond a party's control, this contract will be upheld.

Parent's/Authorized Adult Name, Signature & Date: _____   _____

_____   _____