

Elite Dance Academy

Taking Talent To The Next Level

ENROLLMENT FORM

New Student- \$40.00

Returning Student- \$25.00

Add \$10.00 Each Additional Family Member

PLEASE PRINT NEATLY

Name: _____

Address: _____

Home Phone: _____ Email: _____

Parent's Name: _____ Mobile: _____

Emergency Contact: _____ Phone: _____

Birthday: _____ Age: _____ Grade: _____

Doctor: _____ Phone: _____

Allergies/Medical Condition: _____

How did you hear about us? _____ Previous Years of Dance: _____

Selected Classes:

Recital: _____ No Recital: _____

CREDIT CARD AUTHORIZATION

I authorize Elite Dance Academy to bill my Credit Card as appropriate, in accordance with EDA tuition policy, for services provided to me by Elite Dance Academy. I understand that the Credit Card listed below will be charged for Monthly tuition, Costume balances Recital fees and Late Payments. All monthly payments will be charged on the 1st day of the month. *I understand that I have prior to the 1st of each month to use a different method of payment.*

A late fee of \$10.00 plus a \$35.00 NSF fee will be added to your account for any payment returned after the 1st of each month.

Card Holder Name: _____ Card type: _____

Card Number: _____ Card Verification Code (CVC2): _____

Card Expiration Date: _____ Cardholder Signature: _____

CUSTOMER'S RIGHT TO CANCEL

If you wish to cancel your enrollment you may cancel using the following two methods only: (1) Complete a "Notice of Withdrawal" form to Elite Dance Academy in person, or (2) Mail a "Notice of Withdrawal", certified mail, return receipt requested. The notice must be signed and dated. As stated above, you fully understand that 30 days after the date that we receive your cancellation notice, all billing will cease and your enrollment in Elite Dance Academy will be cancelled. Customer shall not be relieved of his/her obligation to make monthly payment, and no deduction or allowance from any such payment shall be made because of student's failure to attend classes. **"NOTICE OF WITHDRAWAL" FORM MUST BE COMPLETED AND ALL OUTSTANDING FEES PAID IN FULL IN ORDER TO CLOSE AN ACCOUNT.**

In case of medical emergency, I understand that when medically feasible, an effort will be made to contact a parent/guardian, but in the event one is not reached or it is not medically feasible to contact one, I hereby give permission for my child to be treated. In the event consent is needed for medical care on a non-emergency basis and I cannot be reached, Elite Dance Academy is authorized to act on my behalf. Furthermore, I agree to hold harmless Elite Dance Academy and all of their employees and agents in the event of injury occurring to my child during any activities associated with Elite Dance Academy. I recognize that participating in this activity has a certain amount of risk and that an injury is always possible. I certify that my child is, to the best of my knowledge, physically able to participate in this activity. I assume full financial responsibility for medical expenses arising out of such injury.

Signature: _____ Date: _____