



Harrisburg Academy of Dance™

4409 Locust Ln, Hbg PA 17109 • 717/652.7071 • HADtoDance.com

2017-18 Student Registration Form

Terms & Conditions

A. We accept cash, checks, money orders, as well as Visa®, MasterCard®, Discover® and American Express®.

B. All service, merchandise, tuition and other fees are non-refundable; no exceptions.

C. \$30 registration fee must accompany this form. If paying by check/money order, include first month's tuition.

D. Any student who misses one (1) or more months of class(es) will be required to pay a new registration fee before returning to class; no exceptions.

E. All students must notify us **IN WRITING** thirty (30) days prior to discontinuing a class; otherwise, s/he will be financially responsible for all unattended classes; no exceptions.

1 Billing Contact (PLEASE PRINT)

Mr. Ms. Mrs. Other (specify) _____

LAST name _____ FIRST name _____

Address _____

City _____ State _____ Zip+4® _____

HOME fōn _____ WORK fōn _____ EMERGENCY fōn _____

Email _____

How did you hear about us? _____

2 Student Specifics (ONE STUDENT PER REGISTRATION FORM, PLEASE)

LAST name _____ FIRST name _____

Date of Birth ____/____/____ Parent/Guardian _____

3 Your Class Schedule (PLEASE PRINT)

Date of Your First Class ____/____/____

Day _____ Time _____ Class _____

Day _____ Time _____ Class _____

Day _____ Time _____ Class _____

Day _____ Time _____ Class _____

Day _____ Time _____ Class _____

Day _____ Time _____ Class _____

4 Method of Payment

Visa® MasterCard® Discover® American Express® Personal/Business Check* Money Order* Cash

Name on Card (PLEASE PRINT) _____

Card Number | ____|____|____|____| - |____|____|____|____| - |____|____|____|____| - |____|____|____|____| Expiration Date ____/____

CW or CVW2 Code | ____|____|____|____|

Signature _____ Today's Date ____/____/____

NOTE: If paying by credit card, you give Harrisburg Academy of Dance™ permission to charge your card for your tuition on or about the first of each month. All payments made after the eighth (8th) of the month are considered late and will include a ten percent (10%) late fee.

Student (or parent/guardian) must notify HAD of any schedule changes, including the discontinuing of classes via a thirty (30) day written notice.

*If paying by check/money order, see item three of our Terms & Conditions (above). A returned check fee of twenty dollars (\$20) will be charged for all checks returned unpaid.

5 Standard Liability Release and Affirmation of Condition ("Agreement")

In consideration of your permitting my and/or my child/ren's (hereinafter "I" or "myself" or "my") participation in the activity/function of dance classes, shows, performances, and any other activity related thereto, I hereby assume all risk of injury, harm, or damage to myself or others or to any property arising from my participation in this activity, and agree to indemnify, defend and hold harmless Harrisburg Academy of Dance™ ("HAD") and the dance studio, theater or other location where these activities may be held, and their respective subsidiaries, employees, and any other persons and entities associated with these activities, against any and all liability, actions, claims, and damages of any kind whatsoever arising from my participation in this activity. I attest and verify that I am physically and mentally fit to participate, know how to and/or am able to follow orally-given instructions, will wear the appropriate clothing and shoes, and have full knowledge of any risk involved in this activity. In the event I cannot be reached, I hereby give my permission to the management, faculty, staff of HAD to authorize any emergency medical care that may be required by the above student during participation in classes, performances, or any related events. I understand that I am responsible for any and all charges as a result of such care or medical treatment. This authorization extends throughout the current academic year and throughout the summer or until the student is no longer enrolled at HAD, whichever comes first. Lastly, in exchange for consideration received through your permitting my participation in this activity, I give HAD permission to use my name, photographic likeness, voice and remarks in all forms and media for advertising, trade and any other lawful purposes. I HAVE READ THIS AGREEMENT CAREFULLY, I UNDERSTAND MY OBLIGATIONS HEREUNDER, AND MY QUESTIONS, IF ANY, HAVE BEEN ANSWERED TO MY SATISFACTION.

6 AGREED TO AND ACCEPTED BY:

Printed Name _____

Date ____/____/____ Signature _____

FOR OFFICE USE ONLY

____/____/____