



WCDC Registration Form

Please Note: All steps on this registration form are mandatory.

1. STUDENT(S) NAME/BIRTHDAY/AGE

First/Last Name:	Birthday(MM/DD/YY):	Age:
First/Last Name:	Birthday(MM/DD/YY):	Age:

2. PARENT CONTACT INFORMATION

Mother's First/Last Name:	Father's First/Last Name:
Mother's Primary Phone #:	Father's Primary Phone #:
Mother's Email Address:	Father's Email Address:
Street Address (City, State, Zip):	
How Did You Hear About Us? (Yelp, Friend, Website, Etc.)	

3. EMERGENCY CONTACT

Please designate a local adult as an EMERGENCY CONTACT who can be responsible for your student if you are not available and your student is ILL or INJURED.

First/Last Name:
Relationship to Student:
Phone Number:

4. OPTIONAL: HEALTH INFORMATION

Identify and describe any health problems, chronic illnesses, serious injuries or special medical needs:
Serious Allergies/reactions:

5. AUTHORIZATION AND SIGNATURES

In the event of illness or injury, I hereby authorize the school to obtain emergency transportation and treatment for my child. I understand the school does not assume any financial responsibility for medical care or emergency transportation. I understand the above information will be treated confidentially and shared with staff on a need to know basis to ensure the health and safety of my child. I hereby authorize Wild Card Dance Company personnel to release my child to any person listed on the form in the event of an emergency.

Signature of Parent:	Date:
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WCDC Liability Waiver

Please Note: All initials on this registration form are mandatory. Student/Parent or Guardian must review and initial each of the below, and sign & date

1. STUDENT NAME (PLEASE PRINT):

Student First/Last Name:

Parent First/Last Name:

[] Initial Tuition and Payments

Tuition payments are due on or before the 1st of the month. Student/Parent or Guardian authorizes Wild Card to charge the credit card that has been placed on file, on the 1st of the month, for tuition payments due for that month, as well as any additional charges that were incurred for the previous month, unless those tuition payments and additional charges have been paid before the 1st of the month by cash, check or another credit card. Tuition payments received after the 10th are considered late. A \$15.00 late fee will be applied to all late payments. All returned checks will incur a \$25.00 fee in addition to the \$10.00 late fee. Student/Parent or Guardian is responsible for any legal fees plus lime incurred by the studio in an attempt to collect unpaid debt. Students with unpaid tuition may not be allowed to participate in class until said fees are paid in full or a payment arrangement has been made. Missed classes and tuition payments are not refundable. Students should contact the studio to schedule a makeup class or attend another age appropriate class. All missed classes must be made-up within 4 weeks. Please refer to WCDC policies for more details. We reserve the right to refuse entrance to anyone due to safety concerns or inappropriate behavior. By signing below, Student/Parent or Guardian assumes full financial responsibility for all tuition and fees. Additionally, said person agrees to pay and abide by all studio and payment policies.

[] Initial Publicity

I hereby release to WILD CARD DANCE COMPANY full and exclusive rights to record my performance in DANCE on film, videotape, or still photography for use without compensation to me.

[] Initial Assumption of Risk for Bodily or Personal Injury and Illness

I voluntarily wish to participate in dance at Wild Card Dance Company (hereinafter referred to as "dance"). I acknowledge that dance is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by facilities, temperature, condition of student, lack of hydration, equipment, and actions of other people, including but not limited to, participants and teachers. I hereby assume all risks of participation in dance. I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by Wild Card Dance Co., and that it will govern my actions and responsibilities at dance. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment, property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participation in dance and have not been advised otherwise by qualified personnel. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. As a participant in dance, and in consideration of your acceptance of my dance registration, I, the undersigned participant (and if participant is under 18 years of age, I, the parent or guardian of participant), for myself, my heirs, personal representatives, and assigns, hereby waive, covenant not to sue, RELEASE and DISCHARGE Wild Card Dance Company, Whizin Market Square, LLC, and all of their directors, officers, employees, boards, volunteers, sub-contractors, sponsors, representatives and agents (collectively, the "RELEASEE") from any and all liability, loss, damage, claim, action or demand arising from or attributable to my participation in dance, including, but not limited to, liability that may arise out of negligence or carelessness of the RELEASEE. I attest that I am physically fit and sufficiently trained for this, my physical condition verified by a licensed M.D. during the last 6 months.

Each Student/Parent or Guardian has the right to decline participation in any activity that they are not comfortable with or that they feel may be harmful. Each Student/Parent or Guardian is fully responsible for informing the instructor(s) for any injuries or harm occurring before, during or after a class at Wild Card Dance Company. Student/Parent or Guardian is also responsible for informing instructor(s) of any physical limitation that may prevent full participation in class. It is required that all students be covered by their family's insurance. If injury occurs, it is understood that the student's own insurance policy is the only source of reimbursement.

Signature:	Date:
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