

Davis Dance Academy Summer Enrollment Form

Date: _____ Dancer's Name: _____ Age: _____

Grade: _____ Birth Date: _____ Female: ___ Male: ___ Years of Dance Instruction: _____

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Address: _____ City: _____ Zip: _____

Email: **This is how we correspond. Please check it regularly.** _____

Emergency Contact other than parent/guardian. We must have two:

1st Name: _____ Phone: () _____ Cell: () _____

2nd Name: _____ Phone: () _____ Cell: () _____

Medical conditions or issues of special attention: _____

Note: We do not assume any responsibility for the care or supervision of your child's medical conditions.

Please write the day and time of the class(es) you are signing up for. Schedule and cost are posted at the studio or our website www.davisdanceacademy.com.

Class(es): _____

All payments must be placed in the payment box by the front office. **Summer Term begins June 13th and goes until August 12th. When you enroll, you commit to the entire summer. All fees are non-refundable for any reason.**

- Payments by check-Please make your check payable to Tiffany's/DDA. Print your child's name in the memo section of your check to ensure your amount is properly credited.
- If mailing, please mail to 338 N. Main, Kaysville, Utah 84037
- Returned checks will need to be redeemed with cash or money order. You will be assessed all applicable late fees, and a \$25 *returned check fee*.
- If the account becomes 30 days delinquent, your child will be removed from the rolls to provide space for another child. All fees paid will be forfeited.
- I agree to pay interest at the rate of 18% annually on all past due balances from the original due dates, plus court costs and reasonable attorney's fees, with or without suit, incurred in collecting any past due balance, and a collection fee if my account is assigned to a collection agency.

I will not hold Davis Dance Academy responsible for injuries sustained as a result of participating in any class at the studio, rehearsals, recitals, or competitions. I understand that accidents may happen. DDA will notify of any injury they become aware of during class, and will phone you immediately if it seems serious. Please read the Release & Waiver of Liability and Indemnity Agreement Form on the next page fully and completely before signing.

Parent/Guardian's Name (print) / Signature /Date: _____