

Louisville Academy of Dance

Kristen Wenrick: Director

2018 SUMMER WEEKLY INTENSIVE REGISTRATION FORM

Student Name _____ M/F _____

Date of Birth _____ Age _____

Previous Dance Training _____

How did you hear about LAD? _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Work _____ Cell _____

E-mail _____

Emergency Contact _____ Phone _____

PLEASE CHECK CLASS LEVEL AND ALL WEEKS THAT YOU WISH TO SIGN UP FOR AT THIS TIME. PLEASE SEE THE DIRECTOR CONCERNING LEVEL PLACEMENT.

<u>Class Level</u>	<u>Weekly Intensives</u>	<u>\$ Total</u>
<input type="checkbox"/> Level 1	<input type="checkbox"/> Week 1: June 4 - 8	\$ _____
<input type="checkbox"/> Level 2	<input type="checkbox"/> Week 2: June 11 - 15	\$ _____
<input type="checkbox"/> Level 3	<input type="checkbox"/> Week 3: June 18 - 22	\$ _____
<input type="checkbox"/> Level 4	<input type="checkbox"/> Week 4: June 25 - 29	\$ _____
<input type="checkbox"/> Level 5	<input type="checkbox"/> Week 5: July 2 - 6	\$ _____
	<input type="checkbox"/> Week 6: July 9 - 13	\$ _____
	<input type="checkbox"/> Week 7: July 16 - 20	\$ _____
	<input type="checkbox"/> Week 8: July 23 - 27	\$ _____
	<input type="checkbox"/> Week 9: July 30 - August 3	\$ _____
	<input type="checkbox"/> Week 10: August 6 - 10	\$ _____
Registration Fee (Non-LAD Students):	\$25 Individual / \$40 Family	\$ _____
	TOTAL AMOUNT	\$ _____

Individual Classes: _____

*No refunds or deductions will be granted for absence or withdrawal, unless for serious medical reasons.

*Please enclose full payment for the weeks you are signing up for with this form to complete your registration.

*Please make checks payable to: Louisville Academy of Dance

Mail to: Louisville Academy of Dance, Jefferson Trade Center, 3600 Chamberlain Lane,
Suite 354, Louisville, KY 40241

LAD POLICIES:

*** THERE IS A DRESS CODE. PLEASE REFER TO THE WEB SITE FOR PROPER ATTIRE.**

I agree to become familiar with and comply with the policies of the Louisville Academy of Dance as stated in the Parent/Student Handbook and on the web site. I also understand that no refunds or deductions will be granted for absence or withdrawal, unless for medical reasons.

Parent/Guardian signature _____ Date _____

Student signature _____ Date _____

Waiver of Liability: I, the undersigned, unconditionally release and discharge Louisville Academy of Dance, LLC and its faculty and staff, directors and volunteers from any and all liability arising from, related to, or connected with any injury, illness or damage caused by, resulting from, or sustained in the course of my child/children's participation or my participation in classes, performances or other activities conducted by or associated with Louisville Academy of Dance, LLC. I hereby attest that this Waiver of Liability is provided voluntarily and shall be fully binding upon my heirs, next-of-kin, executor, administrator and/or personal representative.

Parent/Guardian signature _____ Date _____

Student signature _____ Date _____

Please list any medical conditions that LAD needs to be aware of.

Media Release: I give permission for videotaped footage or photographs of my child/children to be used for promotional purposes on television, radio, print media, the internet, or any other media form.

Parent/Guardian signature _____ Date _____