

***Louisville Academy of Dance***  
*Kristen Wenrick: Director*  
**2021-22 REGISTRATION FORM**

Student Name \_\_\_\_\_ M/F \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Academic School \_\_\_\_\_ Grade \_\_\_\_\_

Student's 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 \_\_\_\_\_

**\* For those students not enrolling in Pre-Ballet or Beginning Ballet 1, please contact the Director regarding class placement.**

Class Level/Day/Time \_\_\_\_\_

**Tuition** Please note that you are signing your child up for the 16-week session.  
*Please see the Director regarding the sibling discount policy.*

Payment in full for Session \$ \_\_\_\_\_

Installment Plan (1st of 4 payments) \$ \_\_\_\_\_

Sibling Discount: (applied to the lesser amount)  
-10% for 1<sup>st</sup> sibling, -20% for additional siblings \$ \_\_\_\_\_

**SUBTOTAL** \$ \_\_\_\_\_

**\$25.00 Individual or \$40.00 Family Annual Registration Fee** \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

*\*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.**

**\* THERE ARE FEES FOR DELINQUENT TUITION PAYMENTS. PLEASE SEE THE WEB SITE FOR DETAILS.**

I agree to become familiar with and comply with the policies of the Louisville Academy of Dance as stated on the web site. I also understand that my child/children are enrolled for the entire 16-week session and 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 \_\_\_\_\_

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