

## Registration Form for WMAAC

Student's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

School child attends \_\_\_\_\_ Grade entering \_\_\_\_\_

Medical conditions/Allergies \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Phone home \_\_\_\_\_ (cell) \_\_\_\_\_

(work) \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_

Email \_\_\_\_\_

Address (if different) \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

(work) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Class \_\_\_\_\_ Day (circle one) M T W T H F S time \_\_\_\_\_

## Payment Information

To reserve your space please fill out this form and send payment including \$20 registration fee if it's a new student, along with a check or credit card information. You can also register in person.

Total Enclosed \_\_\_\_\_ Please make checks payable to WMAAC.

Credit Card Information

Name (as it appears on card): \_\_\_\_\_

Type of card \_\_\_\_\_ Exp. Date \_\_\_\_\_ CV code \_\_\_\_\_

Card # \_\_\_\_\_ Amt of charge \_\_\_\_\_

There will be a \$25 fee for all returned checks. Requests for refunds will be considered through the 3<sup>rd</sup> class. No refunds of credits will be given after the 4<sup>th</sup> class. You will receive a confirmation email/call once we process your form. Class space is limited/ first come first serve.

I give permission for myself &/or my child to participate in classes/camp at the Williamsburg Movement & Arts Center and I release the Williamsburg Movement & Arts Center and all employees, staff, faculty from any liability connected with the activities. I understand that participation in dance, sports, circus arts, open play and tumbling carry with it a reasonable assumption of risk.

I agree to accept and assume all the risks existing in this activity. I hereby release, forever discharge, and agree to indemnify and hold harmless the Williamsburg Movement & Arts Center and all representatives from any and all claims, demands, or causes of action, which are in anyway connected with enrollees participation in this activity or the use of the Williamsburg Movement & Arts Center equipment and facilities.

I certify that the enrollee has no condition that prohibits full participation in the activities at the Williamsburg Movement & Arts Center. I authorize the Williamsburg Movement & Arts Center to photograph or film myself &/or my child (without compensation) at any WMAAC/studio activity for the use in the Center's promotional efforts. I give permission for the WMAAC staff & faculty to take my child to the playground at Marcy & Metropolitan Ave during a camp or afterschool activity.

I understand and agree to all tuition and fee terms stated above.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY:

Date received \_\_\_\_\_ Received by \_\_\_\_\_

Total amount paid \_\_\_\_\_ Remaining balance \_\_\_\_\_

Check one: cash \_\_\_\_\_ check \_\_\_\_\_ credit card \_\_\_\_\_