

DANCE & ACROBATICS
(SPONSORED BY THE WOMEN'S CLUB)

Child's Name:	_____		
Parent's Name:	_____		
Address:	_____		
City:	State: _____	Zip:	_____
Phone #:	Email:		_____
Age:	Date of Birth: _____		
Class:	Day: _____	Time:	_____
Would you like to be a Class Parent? (check one)	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

All fees are non-refundable unless otherwise noted.

Any requests for refunds must be made in writing & forwarded to the instructor.

Pro-rated refunds minus a \$25 administrative fee will be given to the following situations only.

- Any child unable to attend classes due to medical reasons must show a written doctor's note
- Anyone moving after classes have begun must give a minimum of a 30-day notice

Any child not willing to participate in class after taking the first 2 classes, may withdraw. A \$25 administrative fee will be deducted & the balance will be refunded. Requests for withdrawal must be made in writing & forwarded to the instructor by the 3rd week of class.

I, the undersigned, parent of _____ as a condition of participation in **Dance & Acrobatics Program**, sponsored by White Meadow Lake Women's Club and/or instructor, do hereby waiver any claim against this organization and/or instructor for liability for bodily injuries. I have read and fully understand the payment and refund policies. I agree to abide by these guidelines.

Signature

Date

OFFICE USE ONLY (CHECK):

Amount Paid \$215 (*full*) \$120 (*1st Installment*) \$120 (*2nd Installment*)

Costume fees of \$40 paid YES NO

Method of Payment: cash check credit card

Current POA Badge:

CC receipt #