

271 Pascack Road P.O.Box 1398 Washington Township, NJ 07676 Tel:(201)664-7022 ambition.dance@yahoo.com

2017 Summer Registration Form

I have signed up for Automatic Payment:

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Dancer's Name.		Birthday://	4ge
Dancer's Name:		Birthday://	Age:
Dancer's Name:		Birthday://	Age:
Parent/Billing Name:			
Parent/Billing Address:		State: Zip Code:	
Home Phone #:		Parent 1 Cell Phone #:	
Parent 2 Cell Phone#:		Student Cell Phone #:	
EMAIL:			
*All statements, notices, 8	3 reminders are ser	nt via email. Please print clearly!	
		Phone #: gies or special needs for your child:	
Student's Name:	Class:	Day/Time:	
Tuition Total: \$*Classes will only be for classes missed.	e prorated at t	ime of registration. No refund	or credit will be giver
		IN FULL BY 7/1/17. A \$10 late f f the month-NO EXCEPTIONS.	ee will be charged if

Yes

No

Ambition Dance Academy

Please read and sign below.

ADA has a no refund policy. Tuition is due the first day of the month/session. A \$10 late fee will be charged if tuition is not received by the 10th of the month/session-NO EXCEPTIONS. The fee for returned checks is \$35. If your account becomes more than 90 days late and legal action is taken, you will be required to pay any and all attorney fees related to your case/account.

Class placement is entirely at the discretion of the director. When classes are missed due to inclement weather or illnesses they can be made up in appropriate age and level classes IN THE 2017 SUMMER SESSION ONLY. No refunds or credits granted. There will not be any make up classes allowed after August 24, 2017.

I have read and understand ADA's Studio Policies, Rules and Payment Schedules. I understand that ADA's budget is based on the number of students enrolled in its classes and that by registering I am buying a spot in that class for the year. I understand that a drop class form needs to be signed and submitted giving ADA two weeks notice prior to dropping the class, otherwise I will be responsible for remaining balances. I have read and fully understand the above written statements.

Name:	_ Date:
I agree to the following as a condition of my and/or my condition of my and/or my condition and that participation in the classes, workshops recitals may subject me and/or my child to injury. I agree instructors, contractors and directors harmless as to any me and/or my child as a result of participation in or enrol of them harmless as to any liability and responsibility ari loss to me and/or my child. I also understand that Ambition Dance Academy may en	hild's participation and enrollment in Ambition Dance, shows, conventions, competitions, rehearsals and to hold Ambition Dance Academy and its employees, injuries, losses or damages which may be suffered by Iment at Ambition Dance Academy. I further hold each sing from any incident that may cause damage, injury or gage in classes, workshops, shows, conventions,
competitions, rehearsals and recitals which may require Ambition Dance Academy. I agree to hold Ambition Dar and directors harmless and to indemnify them for any ar such transportation.	ice Academy and its employees, contractors, instructors
Ambition Dance Academy has my permission to photogromotional use with no compensation due me and/or mwritten statements and agree to them as a condition of renrollment in Ambition Dance Academy.	y child. I have read and fully understand the above
Name:	_ Date: