VOICE LESSON REGISTRATION FORM

PLEASE PRINT CLEARLY. *THIS FORM MUST BE FILLED OUT COMPLETELY.*

Parent or Legal Guardian's Name: (last) _____ (first) _____ Are you over age 18: _____

1) Child Name: (last) _____ (first) _____ Age: _____ Date of birth: _____

2) Child Name: (last) _____ (first) _____ Age: _____ Date of birth: _____

3) Child Name: (last) _____ (first) _____ Age: _____ Date of birth: _____

Address: _____Town:_____ St:_____ Zip _____

There will be a $5. charge per phone call if we do not have your email address and we need to contact you.

Email address (Print clearly please):_____

Tele: (home) _____ (cell)_____

work) _____(Emergency _____

Child # _____ Class: _____ Day: _____ Time: _____:_____ to _____:_____

Child # _____ Class: _____ Day: _____ Time: _____:_____ to _____:_____

Child # _____ Class: _____ Day: _____ Time: _____:_____ to _____:_____

Child # _____ Class: _____ Day: _____ Time: _____:_____ to _____:_____

Child # _____ Class: _____ Day: _____ Time: _____:_____ to _____:_____

Wendy Worth, doing business as The Academy of Dance Arts shall not be responsible or liable for any personal injury, property damage, or consequential damage which may be sustained by any student or any other person as the result of any act or omission of Wendy Worth, doing business as The Academy of Dance Arts or any of the agents, servants, employees, or instructors on the premises of The Academy of Dance Arts or otherwise.

VOICE LESSON COMMITMENT:

Students need to sign up and pay for lessons by the month. If you cancel a lesson you will still need to pay for it unless we can fill the spot. If you wish to discontinue lessons you need to let us know a week prior to your last lesson. Thank you.

Tuition fees are due the 1st of every month (with a grace period until the 7th day of the month). I agree to pay a $5.00 per WEEK, $20. per month late fee.

Wendy Worth, doing business as The Academy of Dance Arts, has my consent for all purposes and/or use of photographs of the above registered student(s) with or without the use of names.

My child does____ does not _____ have special needs. Please list anything medical or otherwise we should know on the back of this form.

I understand and agree to this commitment.

X_____ Date: _____

Signature of student, 18 yrs. or older, and/or parent or legal guardian

Signature of Witness: _____

Print Name: _____

Phone #: _____

FOR COMPANY USE. PLEASE DO NOT WRITE BELOW THIS LINE
DATE: