

2024 ENROLLMENT FORM (PLEASE PRINT LEGIBLY)

Students Name _____ Age _____ Date of Birth ____/____/____
Address _____ City, State _____ Zip _____
Parent _____ Email _____
Phone # _____
Person responsible for payment (if different from above) _____ Cell # _____
Address _____ City, State _____ Zip _____ DL# _____

CIRCLE THE CLASS OR CLASSES BELOW THAT YOU ARE ENROLLING:

Dance Classes: *Tap* *Ballet* *Jazz* *Pointe* *Hip Hop*
 Lyrical (under 12 must take with ballet) *Company Technique*
Gymnastic classes: *Recreational Gymnastics* *Advanced Gymnastics* *Team*
All Star Cheer: *Tumbling* *Mini Team* *Youth Team* *Junior Team* *Senior Team*

Registration Fee: \$ 40 (NON-REFUNDABLE)
Costume Deposit: \$ _____ (\$75 per dance class: REFUNDABLE –up to the time costumes are ordered)
Tuition: ----- \$ _____ (per month—Aug. – April)
*****Total Amount** \$ _____ (at registration) (Cash, Check-Payable to:Sheila Lindley, Credit/Debit Card)

PAYMENT: (ALL RECORDS SECURE) Bank Routing # _____ Account # _____

Credit Card Authorization : Credit Card Type: Visa _____ MasterCard _____ Other _____
Credit Card Number: _____ Exp Date: _____ Security Code: _____
Name Printed on Card: _____ **Add 5% paying with Credit Card**

Billing Address of Card, Must include Zip Code: _____

I hereby authorize WPA to transact a draft or credit card payment by charging the card as set forth above for payment for services duly owed WPA.

Bank Draft &Credit Card Authorized Signature: _____ Date: _____

Medical insurance Company Name: _____ Policy number _____

____ I understand that dance, gymnastics and cheer activities have risks, dangers, and hazards, and participation in such activities and/or use of such equipment may result in injury including but not limited to bodily injury, strains, fractures, and other serious disabilities.

____ I, and my heirs agree to release, waive, discharge, hold harmless defend and indemnify Lindley’s WPA, Inc. and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death or otherwise which may arise out of my use of equipment or my participation in dance, gymnastics, and cheer activities.

____ I understand no medical insurance benefits will be provided during this activity and I will be responsible for any medical bills that may result from participating in dance, gymnastics, and cheer.

____ I give permission for Lindley’s WPA, Inc., its coaches, trainers, or staff member to seek emergency medical treatment for my child in the case of an injury or serious illness that requires immediate attention. I agree that if my child needs to be transported to an emergency facility that decision will be made by the emergency team responding to the situation.

____ I give absolute right and permission to use my child’s photographs in promotional material and publicity efforts for Lindley’s WPA, Inc.

_____ (Parent/Guardian signature-if under 18 years of age) Date ____/____/____

*Web site: **Lindleyswpa.com** *Facebook: **Lindley’s World of Performing Arts** *Instagram: **studio_wpa**