

**2021 ENROLLMENT FORM (PLEASE PRINT LEGIBLY)**

Students Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Parent \_\_\_\_\_ Email \_\_\_\_\_

Cell # \_\_\_\_\_ # \_\_\_\_\_ DL:# \_\_\_\_\_

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

**Earliest possible time for class (Pre-School Classes will begin as early as: 11:00AM) \_\_\_\_\_**

**Registration Fee: \$ 35 (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 WILL BE SECURE)**

**Credit Card Authorization Form:** Credit Card Type: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name Printed on Card: \_\_\_\_\_

Billing Address of Card, Must include Zip Code: \_\_\_\_\_

I hereby authorize WPA to transact a credit card payment by charging the card as set forth above for payment for services duly owed WPA. Card will be charged plus 5% if payment is not received by the 10<sup>th</sup> of each month.

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: Lindleywpa.com

\*Facebook: Lindley’s World of Performing Arts

\*Instagram: studio\_wpa