



158 Weirs Road - Gilford, NH 03249 - (603) 293-0366

NEW STUDENT REGISTRATION FORM 2018-2019 SEASON

STUDENT INFORMATION: (Please Print)

Student's Full Name _____ Gender M F
 Address _____ City _____, NH Zip _____
 Home Phone (____) ____ - _____ Birthdate _____ Grade _____
 School Attended _____ Years of Dance _____
 Previous Dance Training _____
 Special Physical Conditions _____
 Other Extracurricular Activities _____
 Father _____ Home Phone (____) ____ - _____
 Cell Phone (____) ____ - _____ Work Phone (____) ____ - _____
 Mother _____ Home Phone (____) ____ - _____
 Cell Phone (____) ____ - _____ Work Phone (____) ____ - _____
 Email Address _____ Check Here To Receive Info By Email
 How Did You Find Out About Us? Online Drove By Friend/Relative: _____ Other

CLASSES I AM REGISTERING FOR:

| Type of Class | Day | Time |
|---------------|-----|------|
| | | |
| | | |
| | | |
| | | |

PAYMENT OPTIONS: (Choose One)

| | |
|--|---|
| <input type="checkbox"/> MONTHLY (nine equal payments) Sept – April due the first class of each month and <i>May payment due with your registration or before the first day of class.</i> | <input type="checkbox"/> FULL SEASON (one payment with a 5% discount or 2% if paying by credit card) <i>Due with your registration or before the first day of class.</i> |
|--|---|

I have enclosed my \$25 Registration Fee.
 I have read and signed the Accident Waiver/Medical Release Form.
 I understand that I am registering for the **nine-month** season, September through May. If I choose to withdraw from the school at some point during the season, I will give at least one month's notice in writing with prepaid May tuition applied to that month _____
signature date

***** MAKE CHECKS PAYABLE TO: EDGEWATER DANCE, LLC
 ***AND MAIL TO: EDGEWATER DANCE, 22 BALSAM DR, GILFORD, NH 03249**

| Classes Per Week: | One 45 min/1hour class | 1/2 Hour class | Two 45 min/ 1 hour classes | Three 45 min/ 1 hour classes | Four 45 min/ 1 hour classes | Five 45 min/ 1hour classes | Unlimited Classes (Company not included) |
|--------------------------|------------------------------|-------------------|----------------------------------|------------------------------------|-----------------------------------|----------------------------------|--|
| Monthly Fee: | \$50 | \$70 | \$80 | \$105 | \$130 | \$155 | \$165 (Ind.) |
| *Add. family mbr: | \$40 | \$56 | \$64 | \$84 | \$104 | \$124 | \$260 (fam.) |

**This is a 20% discount for add. family (living in same household) with a \$260 per month family max.*

EDGEWATER DANCE, LLC ACCIDENT WAIVER & MEDICAL RELEASE

I, _____, the undersigned parent or legal guardian of my participating minor, _____, acknowledge that dance (including Acrodance) is an athletic activity and carries with it the risk of physical injury. This risk is inherent to participating in dance (including Acrodance) class.

I hereby agree to assume all of the risk of my child's participation in dance (including Acrodance) class for as long as they are a student at EDGEWATER ACADEMY OF DANCE.

I acknowledge that this Accident Waiver form will govern my actions and responsibilities as the parent/legal guardian of my participating child.

In consideration of my child participating in dance (including Acrodance) at EDGEWATER ACADEMY OF DANCE, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to Waive, Release, and Discharge from any and all liability for personal injury or disability EDGEWATER DANCE, LLC, and its subcontractors.

I have made known to EDGEWATER DANCE, LLC any special physical conditions or prior injuries that may limit my child's participation in dance (including Acrodance) class.

I hereby consent to medical treatment for my child, which may be deemed advisable in the event of injury, accident, or illness. Any expenses incurred for medical treatment shall be borne by the child's family.

This Accident Waiver and Medical Release shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law.

I hereby certify that I have read and understand the above....

Signature of Parent/Guardian Date

Witness