



## Student Registration Form

Date: \_\_\_\_\_

Semester: Fall Winter Summer

Student Name: \_\_\_\_\_ Parent Name (if student is under 18) \_\_\_\_\_

Student Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Contact Preference:**  YES, I want to be on the mailing list!  NO, I DO NOT want to be on the mailing list

Please indicate whether you'd prefer to be contacted by phone, email or other here: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Allergies: \_\_\_\_\_ Past Injuries: \_\_\_\_\_

Other Important Info: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Windfall Agreements:** Please read and check below. I agree to be responsible for my (or my child's) safety by warming up adequately, not dancing while injured, and by wearing appropriate dancewear during class. I give Windfall permission to seek emergency medical care on my (or my child's) behalf in the event of a life-threatening situation or injury. I agree I am responsible for my (or my child's) own well-being, and I release Windfall Dancers, Inc. from liability should I (or my child) be injured while here. In return, Windfall promises to take all reasonable precautions to keep students safe.

I agree

**Registration Agreement:** By registering for a semester of classes, you are committed to fulfilling your payment obligation. If Windfall cancels a class due to low enrollment, you will be entitled to a refund or class credit. Other refunds will only be given with a written doctor's note stating that the student is unable to participate in class, with a *fifteen-dollar administrative fee*. Students not able to commit to the entire semester should consider Flexi-Pass or Pay-Per-Class options. By checking "I Agree", I am stating that I have read and understand Windfall's payment and refund policy and that I am responsible for fulfilling my payment obligation.

I agree

**Photography Permissions:** I give Windfall permission to take my (or my child's) photograph for archival and promotional purposes as well as understand fully that I will not be compensated for any use of images.

YES, I agree  NO, I do not agree

### Class Registration:

Class #1: \_\_\_\_\_ Class #2: \_\_\_\_\_

Class #3: \_\_\_\_\_ Class #4: \_\_\_\_\_

Class Length:  16 Week Session  8 Week Session  Drop In

**Signature:** By signing your name, you understand and agree with the previous statements. If under 18, a parent or legal guardian must sign.

How did you hear about Windfall Dancers? \_\_\_\_\_ Is this your first class at Windfall Dancers? \_\_\_\_\_