

Westside School of Ballet

2006-2007 Registration Form

Tuition Pay By Class
Tuition Rate \$ _____ Age _____
Level _____ Date of Birth ____/____/____
Number of classes per week: _____ Has studied at Westside for: _____

Student's First Name *Student's Last Name*

Parent or Guardian Name(s)

Sibling's Name (if attending at Westside)

Street Address

City *Zip*

E-mail Address

() - () -
Phone Number *Emergency Phone Number*

Waiver Release

In consideration of Westside School of Ballet providing the undersigned with lessons, the undersigned acknowledges: Westside School of Ballet does not carry liability insurance for injuries or damages or loss to personal property occurring during the course of said lessons and further agrees that neither Westside School of Ballet nor its principals, agents nor employees shall be liable for any injuries to the person or damage to personal property of the undersigned or any other person whomsoever, occasioned by, directly or indirectly, arising out of any act or omission or alleged act or omission of Westside School of Ballet or its principals, agents or employees in conjunction with the said lessons being so provided, and further hereby waives all rights to bring an action at law or in equity to recover damages to person or property arising out of or in any manner connected with said lessons. I acknowledge receipt of studio policies and procedures.

Parent or Guardian's Signature *Date*

Automatic Billing

For Tuition Students Only

For your convenience, you may wish to opt for automatic billing. This simple, non-obligatory method of payment is a free service enabling Westside School of Ballet to charge monthly tuition to your credit card. If you would like to be billed automatically, please fill out the form below. Thank you!

I, _____, authorize the Westside School of Ballet
Cardholder's Name
to monthly charge my credit card for _____
Child's Name
tuition rate of \$ _____ until such time that I decide to cancel this
service, whereupon I will notify the front desk of my decision.

My credit card number is

□□□□-□□□□-□□□□-□□□□

Visa or MasterCard only

The expiration date is

□□-□□

The V-Code is (The last three digits on your signature strip.)

□□□

The undersigned agrees to the terms above.

Cardholder's signature

Date

For studio use only

Date _____ Staff initials _____
Payment amount _____ Receipt # _____
Payment is for _____ No payment received