



829 Riverside Drive
Asheville, NC 28801
828-277-7452
www.wncdanceacademy.com

REGISTRATION FORM

(One per student)

Student Name: _____
(PLEASE PRINT)

DOB: _____ AGE: _____

School Grade as of September: _____

School Name: _____

Parent/Guardian: _____

PH#: _____ Cell#: _____

Address: _____

City/State: _____ Zip Code: _____

Email Address: _____

Emergency Contact: _____

PH#: _____ Cell#: _____

Important Medical Information (allergies, meds, etc.):

How did you hear about us? Sibling () Friend () Website () Facebook () WNC Parent ()

Other _____



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Non-Refundable Registration Fee is \$35

Drop in class is \$15 for a 45 minute class, \$20 for an hour, which is non-refundable.

Dropped student class(s) requires a **30-day written notice**. **We must receive a 30-day written notice of removal from any class, you will be charged for the month.**

_____ **Parent Initials**

There will be a **\$30.00 fee for returned checks**.

_____ **Parent Initials**

If a student misses a class(s), you are still **responsible to pay for the entire monthly fee**. **Make up classes** are available in the same genre and level of dance within the month of the missed class.



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Liability Waiver and Acknowledgement of Risk

Please read and sign below. REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE AND MUST BE COMPLETED BEFORE CLASS.

I understand and acknowledge that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of personal injury or damage to property. I voluntarily agree to assume all risks and responsibility for any such injury or accident which might occur to my child/children/myself during any of WNC Dance Academy classes, rehearsals, performances, or activities. I understand that I should be aware of my physical limitations and agree not to exceed them. I also acknowledge that I am responsible for getting my child/children/myself, to the studio, and in picking him/her up. The studio is not responsible for any child that leaves the premises. If a parent or Emergency Contact cannot be reached, I give consent for my child to receive medical care as recommended by a physician or hospital.

I acknowledge the contagious nature of COVID-19 and that WNC Dance Academy has taken all possible precautions to prevent the spread of any illnesses within the studio. I will not hold WNC Dance Academy responsible for any sickness or illness potentially contracted at the studio.

I give WNC Dance Academy permissions to use photographs and videos of my child for promotional and public relations activities. All recordings are the property of WNC Dance Academy.

In signing this waiver for my child, I certify that I am the parent or legal guardian and have the right to waive these rights.

I have read, understood and agree to be bound by the above statements.

NAME: _____

SIGNATURE: _____

STUDENT NAME: _____

DATE: _____