

Alisa's Dance Academy
Registration/Tuition Policies, Medical and Transportation
Release Authorization Form 2007-2008

(THIS FORM MUST BE COMPLETED IN ITS ENTIRETY FOR YOUR REGISTRATION TO BE COMPLETE)

PLEASE INITIAL EACH SECTION BELOW AND GIVE REQUIRED ADULT SIGNATURE AT BOTTOM

WHEN PRINTING BE SURE TO SELCT LANDSCAPE FOR PAPER ORIENTATION.

This form is to authorize Alisa's Dance Academy, 3267 Bee Caves Rd. Suite 139, in Austin, TX, their agents, representatives and employees (hereafter "The School") to obtain medical assistance and to provide transportation for the student or child herein below named, and to release "The School" from liability for injuries to the named student or child while on school premises or otherwise in the care of school staff members, such as transporting the student/children.

_____ In the event that I cannot make arrangements for emergency medical attention at the time of illness or accident of me/my child, I hereby authorize "The School" to take me/my child to:

Dr. _____ Address _____
Phone _____ or to _____ Hospital, _____

where medication or medical procedures they may deem necessary for me/my child's well being will be administered. The undersigned further agrees to be financially responsible for all such medical services, including the cost of defense and enforcement of this indemnity agreement.

_____ I, further understand and agree that "The School" may administer simple first aid in the event of minor injuries, and family members or doctors will be called when in the discretion of "The School", it is deemed necessary.

_____ I, represent that I am student/parent/guardian of the student/child named below and I am fully responsible for the care and well being of the student/child. I agree that "The School" shall not be liable for any damages, claims or compensation of whatever nature (including liabilities for negligence, strict liability, or otherwise) that may arise to me or for my benefit, in the name of or for the benefit of the student/child, or in the name of or for the benefit of any other person as a result of personal injury to the student/child named below while on the premises of "The School" or otherwise in the care of "The School" including any such injuries sustained while the student/child is being transported as herein authorized, and hereby agree to indemnify and hold harmless "the School" and servants, whether paid or volunteer, against any and all claims which may arise from any injury to said student/child while participating in or being transported to programs of "The School. Provided, however, "The School" shall be liable for injuries resulting from gross negligence of "The School", or injuries intentionally inflicted by "The School".

_____ I acknowledge that I/my child will be video-taped and/or photographed for educational, performance and advertising purposes.

_____ I understand that monthly tuition is payable monthly in advance, due by the 1st of each month. Tuition remains the same whether it's a long (5 week) or short (3 week) month and regardless of absences, vacations or holidays. No refunds or adjustments due to absences. Tuition is non-refundable and non-transferable. Although, make-up classes are encouraged and must be taken within the month missed. That tuition is considered late on the 8th of each month. I also understand that a \$10.00 late fee will be assessed to my account if not current at 12:00 AM on the 8th of each month, regardless of absences, illnesses vacations or holidays.

_____ I understand that in order to withdraw from Alisa's Dance Academy, written notification is required before the 1st of the upcoming month to avoid further billing and also understand that tuition is due for the month in which you drop.

Emergency Contact (if different from parent) _____ Relation _____

Emergency Numbers: Day _____ Evening _____ Cell _____

Please list any medical conditions, injuries, allergies, etc. _____

By signing below, I agree to have read the forgoing Tuition/Registration Policies, Medical and Transportation Release statements and concur with it in all respects.

Print Students's Name

Parent/Guardian Signature
(Student signature if age 18 or older)

Date