

# REGISTRATION FORM

ID # \_\_\_\_\_

Date Enrolled \_\_\_\_\_



**Houston Academy of Dance**  
281.497.4783 | 281.497.1030 (fax) mail@hadance.com



**West University Dance Centre**  
713.664.2233 | 713.664.0643 (fax) wudc@sbcglobal.net

**Enrollment**

All **Bolded** areas are required fields on the registration form. Please have the required registration form, registration fee and first tuition payment. We accept cash, check, money order, Discover, Master Card or Visa. When faxing or emailing a registration, please call us to provide credit card information for required payment.

**Family Information**

	<b>Family Name</b>	_____	
Parent 1	<b>First Name</b>	_____	<b>Last Name</b> _____
	<b>Billing Email</b>	_____	
	<b>Cell Phone</b>	_____	<b>Secondary Phone</b> _____
Parent 2	First Name	_____	Last Name _____
	<b>Cell Phone</b>	_____	<b>Secondary Phone</b> _____
	<b>Parent 2 Email</b>	_____	

**ADDRESS**

\_\_\_\_\_

City / State / Zip \_\_\_\_\_

Student	<b>First Name</b>	_____	<b>Last Name</b>	_____
	<b>Gender</b> (please circle)	Female	Male	<b>Birth Date</b> _____
	<b>Dancers Email</b>	_____		
	<b>School</b>	_____	<b>Grade</b>	_____
	Dance Class	_____	Day/Time	_____
	Dance Class	_____	Day/Time	_____
	Dance Class	_____	Day/Time	_____
	Dance Class	_____	Day/Time	_____
	Dance Class	_____	Day/Time	_____

My child is in good health and is physically capable of participating in any classes. My child has no physical condition that would be adversely affected by his or her participation in any class offered. I am aware that there is an inherent risk of injury in any class and release Houston Academy of Dance/West University Dance Centre, all of its employees, their heirs and assigns from any and all responsibility and liability arising out of his or her participation in any class or any other activities conducted on the premises.

**Allergies** \_\_\_\_\_ **Please Initial** \_\_\_\_\_

**Publication Waiver**

We reserve the right to photograph and video record programs and participants for training, advertising, promotional activities, and any other lawful purposes. **Please Initial** \_\_\_\_\_

**New Students**

We would like to know how you found out about Houston Academy of Dance/West University Dance Centre. Please circle one of the choices listed below:

Internet YP/ Kids Directory/Newspaper Alumni Referral Walk-in Other \_\_\_\_\_

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

For office use only

Registration Fee	\$ _____	Class Hours	_____	Payment Option	I / II / III
Tuition	\$ _____	Check #	_____	Cash \$	_____
Visa / MC/ Disc #	_____	Exp. Date	_____	CVC#	_____
Name on credit card	_____				