



STUDENT/PARENT INFORMATION

Today's Date: ____/____/____

Are you a New or Returning Student How did you hear about us? (please specify event if applicable): _____
 Student Name: _____ Birthdate: ____/____/____ Are you a: WSC Member Guest
 Parent / Guardian: _____ Home Phone: _____ Cell Phone: _____
 Parent / Guardian: _____ Home Phone: _____ Cell Phone: _____
 Address: _____ City: _____ State: _____ Zipcode: _____
 Email Address: _____

**All Moves Communication is sent through Moves email (info@movesdance.com). It is imperative we have the most up to date email address to ensure you are receiving all billing statements, updates and Moves News.*

CLASS ENROLLMENT

TUITION IS NON-REFUNDABLE

FOR OFFICE USE ONLY
TERM <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
TERM <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
TERM <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
TERM <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Class #: _____ Class Name: _____ Day: _____ Time: _____ Tuition: \$ _____
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8 WEEK TERM FEES - All classes are based on \$15/class hour	
GUEST	WSC MEMBER
½ hour class: \$60.00	½ hour class: \$56.00
45 minute class: \$90.00	45 minute class: \$84.00
1 hour class: \$120.00	1 hour class: \$112.00
1 ¼ hour class: \$150.00	1 ¼ hour class: \$140.00
1 ½ hour class: \$180.00	1 ½ hour class: \$168.00

Annual Registration Fee: \$ 30.00
(fee per student, non-refundable)
Total Due: \$ _____

- All classes must be made up within the current term
- Your dancer will automatically be enrolled into each subsequent term through the end of Term 5, June 2017 for all class(es) registered throughout the Moves Year

BILLING INFORMATION

- A guaranteed credit card is required for all registrations.
 - Payment is required 1 week prior to the start date of each new term.
 - Please mark your alternative method of payment below
- Credit Card _____ Cash _____ Check _____
 WSC House Charge, if a WSC Member _____

ACCOUNTING PORTION

Term 1 (due 8/15/16) WSC Acct CC Cash Check # _____ Date _____
 Term 2 (due 10/3/16) WSC Acct CC Cash Check # _____ Date _____
 Term 3 (due 1/28/17) WSC Acct CC Cash Check # _____ Date _____
 Term 4 (due 2/6/17) WSC Acct CC Cash Check # _____ Date _____
 Term 5 (due 4/3/17) WSC Acct CC Cash Check # _____ Date _____

CREDIT CARD INFORMATION - we accept the following: VISA – MASTERCARD - DISCOVER

Credit card #: _____ **Exp. Date:** _____ **Billing Zipcode:** _____
Name on Card (please print): _____ **Card Holder Signature:** _____

Please make checks payable to Wheaton Sport Center

Late Payment Policy: Should payment not be received by the 1st class of each term, and or credit card declined, a \$20 late fee will be assessed. Any overdue payment past 3 weeks your dancer will not be permitted to participate in class and will not be able to attend any subsequent term until all fees due/applicable are received and processed.

WSC / Moves Dance Cancellation Policy: To qualify for a cancellation from the Moves Dance Program, participants are required to give written notice at least 1 week prior to the beginning of a new term. Students are responsible for attending the class(es) in which they have registered, no refunds or credits will be given for a mid-term cancel request or classes missed. *The only exception to mid-term cancellations will be given due to long term illnesses or injury that would prevent participants from completing the remainder of the term and must be accompanied by a doctor's note. The refund is for the remainder of the current class term and will be calculated from the date the physicians note is submitted. Any class cancellations by Moves, students will not incur any penalties.

I have read and agree to the above Late Payment & Moves Cancellation Policies.

Parent/Guardian Signature: _____

WAIVER & PHOTO RELEASE

In attending Moves Dance Studio/Program taking dance or exercise classes and otherwise using the Wheaton Sport Center (WSC) facilities and equipment therein, I do so at my own risk. Moves and WSC shall not be liable for any damages arising from personal injuries incurred by me in, on or about the premises of the WSC or the Moves Dance Studio/Program relative to my attendance at the dance studio, taking dance or exercise classes or otherwise using the WSC facilities and equipment therein. I assume full responsibility for any injuries or damages which may occur to me in, on or about the premises of the Moves Dance Studio/Program or the WSC, and I do hereby fully and forever release and discharge Moves and WSC, it's shareholders, directors, officers, dance instructors, employees, agents from any and all claims, demands, damages, rights of action or causes of action present or future, whether the same be known, anticipated or unanticipated resulting from or arising out of my use of said Moves Dance Studio/Program, dance classes, WSC facilities and equipment thereof. I am aware of the possible risks inherent in the nature of the activities provided by WSC or Moves and WSC does not provide medical insurance covering injuries of any nature incurred in any activity and or event. In addition for valuable consideration received I grant to Moves Dance Studio Inc. and WSC the unrestricted right to use and publish photographs of me, for PR, promotional use, editorial trade advertising for the WSC and/or Moves projects, books, lecture-slideshow and website in any manner and medium. I hereby warrant that I am of full age and have the right to contract in my name in the case of a minor I warrant that I have every right to contract for the minor. I hereby release Moves Dance Studio, WSC and assignees from all claims and liability relating to said photographs. I hereby release Moves Dance Studio Inc., WSC and assignees from all claims and liability relating to said paragraph. *I have read the above terms of this agreement, understand same and agree to be bound by each and every term.*

PRINT NAME: _____ **SIGNATURE:** _____ **DATE:** _____