

UNIVERSAL DANCE ACADEMY

Enrollment Form

Student's Name _____

Date Of Birth ____/____/____ Age ____ M / F

Father's Name _____

Mother's Name _____

Check here if new student or updated information

How did you hear about us? _____

Monthly Billing

Per-Session Billing (*tuition discounts apply*)

Billing Name _____

Billing Address _____

City _____ State _____ Zip _____

Home Phone _____

Other Phone: Cell Work _____

Billing E-mail Address _____

In Case of Emergency

Name & Phone _____

To Register: Enter class codes on the back of this form. Come to the Open House or send this enrollment form along with your first month's tuition and annual enrollment fee of \$25.00 per student or \$45.00 per family to:

Universal Dance Academy

400 N 48th St, Suite C01

Lincoln, NE 68504

Waiver & Release: I hereby waive all claims for injury, damage or loss to my person and property during my participation and release the promoters, directors, principals, agents and employees of the Universal Dance Academy, Inc. from any liability for injury, damage or loss which may be caused by any act or omission of any of them. I understand that the purpose of dance instruction is to provide performing experience in various forms of dance and that dance activities may involve personal hands on instruction, dance workshops, practice sessions and competitions for participants. Photographs, recordings, taping or filming of participants by staff members, photographers, videographers or members of the press become the property of Universal Dance Academy, and may be used for future publicity. I agree and accept the above waiver and release agreement.



Parent/Guardian

Signature _____

Date _____

UNIVERSAL DANCE ACADEMY

Registered Code Numbers / Monthly Tuition

1. \$

2. \$

3. \$

4. \$

5. \$

6. \$

7. \$

8. \$

Total Monthly Tuition \$ _____

Annual Enrollment Fee \$ _____

Discount (if applicable) \$ _____

Total Amount Due \$ _____

Check # _____ Date _____

Amount Paid \$ _____

AXS _____ QB _____