

# 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  \_\_\_\_\_