

# On Broadway Performing Arts School Registration Form 2009-2010

Student's Name:	Date of Birth:	Age:
Parent or Guardian:	Phone#:	
	Alt. Phone#:	
Address:	Email:	
Class Registering for:	Day/Time of Class:	
2 <sup>nd</sup> Class:	Day/Time of Class:	
3 <sup>rd</sup> Class:	Day/Time of Class:	

## Emergency Information

Emergency Contact (Name & Phone #):	Relationship to child:
Any <b>Medical Conditions</b> we should be aware of?	Medications?
Physician Name :	Physician Phone#:

◆ I have read and understood the policies and guidelines governing the studio and they are acceptable to me.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

◆ **Release of Liability Agreement:** This is a general form of an agreement to release another from liability as a result of claims arising from a specified event.

I Acknowledge and Agree to allow my child to participate in Dance training knowing that it is a physical activity which carries with it a risk of injury.

Agreement made on \_\_\_\_\_ between (Name) \_\_\_\_\_ of (Address)

\_\_\_\_\_ and On Broadway located at 106 Dingmans Plaza, Dingmans Ferry, PA 18328.

(Name) \_\_\_\_\_ agrees to hold harmless from any and all liability, loss or damage participant may suffer arising from participation of classes at ON BROADWAY.

Signature of Parent or Guardian of Participant:

Date:

\_\_\_\_\_

\_\_\_\_\_

# On Broadway Performing Arts School

106 Dingmans Plaza  
Dingmans Ferry, PA 18328  
(570) 828-6262

## Method of Payment

- Automatic Debit of Credit Card
- Pay Monthly by Check

If paying by Check first and last month's tuition is due at time of registration, along with \$15 registration fee.

On Broadway requires a credit card on file in the event that you do not make a monthly payment by the 15<sup>th</sup> of the month, in which case your credit card on file will be charged.

### Credit Card Information:

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CSV Code (on back): \_\_\_\_\_

I \_\_\_\_\_ hereby authorize:

On Broadway, LLC  
106 Dingmans Plaza; Rte 739  
Dingmans Ferry, PA 18328

to charge my Visa/Mastercard in the amount of \_\$\_\_\_\_\_ (monthly tuition)

in the event that I do not make a monthly payment by the 15<sup>th</sup> of the month.

monthly as indicated above as my method of tuition payment.

This contract is subject to cancellation when the parties have terminated the services contracted for due to expiration of term or by mutual agreement.

Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_