

Academy of Ballet Wauconda  
105 South Main Street  
Wauconda, IL. 60084  
DanceWauconda.com  
(847) 487-4700

**Registration Form FallWinter 2021**  
Session runs Sept. 7th through Jan. 10th 2022

Family Last Name: \_\_\_\_\_  
Parent or Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Student #1 Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Student #2 Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Student #3 Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Medical Needs: \_\_\_\_\_

*Classes you are Registering for:*

Student #	Class	Day & Time	Tuition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Discount if applicable: \_\_\_\_\_  
**TOTAL DUE:** \_\_\_\_\_

If you are not paying in full, we will need a credit card and signature on file or post dated checks. Please choose payment method you would like to use below:  
 Paid in full at time of registration.  
 Paid \$100 deposit **per class** with registration. Please charge balance on Oct 15th 2021.  
*Payment Method: We accept Checks, Visa, Master Card, Discover and Cash. Please do not mail Cash.*

**Credit card and signature on file to be charged 10/15/2021**

Visa \_\_\_\_\_ Discover \_\_\_\_\_ Master Card \_\_\_\_\_  
**C.C. #** \_\_\_\_\_ **Sec. Code:** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

\* Returned checks are subject to NSF fee of \$35 paid to Academy of Ballet Wauconda.

**Waiver of Liability**

I understand and acknowledge that a participant may incur personal or bodily harm while participating in Dance-related activities, including but not limited to activities described as running, jumping, etc. By signing this agreement, on behalf of minors listed above, I assume all risks inherent in these activities and accept full financial responsibility for any and all damages or injuries.

Legal Guardian Signature: \_\_\_\_\_

Date Paid: \_\_\_\_\_  
Rec'd By: \_\_\_\_\_

Total Tuition Due: \_\_\_\_\_  
Post Dated Check #: \_\_\_\_\_

Amount Paid: \_\_\_\_\_  
Open Balance: \_\_\_\_\_