

Medical Information and Refund Policy

Dancer's information:		
Student's Name _____		
Age _____	DOB _____	Grade Fall 2020 _____
Address _____		
City _____	Zip code _____	School _____
Emergency contact information:		
Mother's Name _____		
Home Phone _____	Work _____	Cell _____
Father's Name _____		
Home Phone _____	Work _____	Cell _____

Billing Information

Responsible Party: All studio information is sent via email!

Name _____

Phone number _____ **E-Mail** _____

Medical Information

I understand that Lititz Academy of Dance, Inc is not responsible for any bodily injuries or illnesses sustained while on the premises or for loss or damages to any personal items brought on the premises by students or their families and friends. In the event of an emergency, I hereby give authority to Lititz Academy of Dance, Inc to obtain emergency medical treatment for _____ in the event of my absence; with the understanding that the family will be notified as soon as possible. The family is responsible for all charges corresponding to such treatment.

Refund Policy

No refunds offered after October 1st, 2020. Refund requests will be handled at the sole discretion of the Lititz Academy of Dance, Inc. There will be no refunds if closed for a pandemic. Classes will be made up via in studio or online. A \$45 cancellation fee will apply to any class(es) dropped *after* October 1st, 2020.

Photo Release

Photo and Videotape footage of LAD students maybe used in our publications, local newspaper, television ads and on our web page. NO names are ever printed; only pictures. If you **DO NOT** wish to have your child pictured (excluding Recital powerpoint and DVD), please attach a written notice to this paper. If no paper is received, it is understood that you have given Lititz Academy of Dance, Inc your permission _____ (initial) to use your dancer's picture.

I have read the ABOVE information, *on-line STUDIO POLICIES, and; agree to all the regulations, rules, dress code and requirements of Lititz Academy of Dance, Inc.

Parent or Guardian Signature _____

Date _____

***hard copies of the policies are available at the studio for those with out internet access**