

PLEASE PRINT AND DETACH

Class Name	Class Day	Class Time	Class Length	Student's Name	AGE	Birth Date: Mo./Day/Yr.	School Name	Grade Sept. 2009

NOTE: Preschoolers and Kindergartners MUST BE age specified by 09/01/09 - copy of birth certificate MUST accompany registration

<p>I do hereby fully release and discharge Jo's Footwork Studio, its officers, agents, servants and employees and the Village of Western Springs, its Recreation Department and their officers, agents, servants and employees from any and all claims from injuries, damage or loss which I (or dependents under 18 years of age) may have or which may accrue to me (or dependents) on account of my (their) participation in the above Jo's Footwork Studio sponsored activities. I further agree to indemnify and hold harmless and defend Jo's Footwork Studio, its officers, agents, servants and employees and the Village of Western Springs, its Recreation Department and their officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me (or dependents under 18 years of age) and arising out of, connected with, or in any way associated with these activities sponsored by Jo's Footwork Studio, 2009/2010. I also grant permission to use my/my child's picture/image on the website and/or advertising for Jo's Footwork Studio.</p> <p>EMAIL ADDRESS: _____</p> <p>Signature _____ Date _____ <i>(Parent's signature if participant is under 18)</i></p> <p>PRINT SIGNATURE NAME: _____</p> <p>Student's Address: (street) _____</p> <p>City _____ ST _____ ZIP _____</p> <p>Phone # - Home: _____ Work#: _____</p> <p>CELL#: _____</p>	<p><i>Office Use Only</i> SESSION I</p> <p>SESSION I I</p> <p>SESSION I I I</p> <p>SESSION I V</p>	<p>TUITION FOR SESSION II, III, & IV IS DUE <u>BEFORE</u> THE FIRST CLASS. PLEASE MAKE CHECKS PAYABLE TO JO'S FOOTWORK STUDIO. THERE IS A \$10.00 LATE CHARGE ON TUITIONS PAST DUE; A \$25.00 SERVICE CHARGE ON ALL RETURNED CHECKS.</p> <p>REFUND POLICY: Registration fees and Costume fees <i>are not</i> refundable. A refund of 50% of tuition for session if drop occurs in 1st week of session. <i>No refunds after 1st week of session. NO EXCEPTIONS!</i></p> <p>Total Individual Hours. (1st student) _____ hrs. Tuition due \$ _____</p> <p>Total Individual Hours. (2nd student) _____ hrs. Tuition due \$ _____</p> <p>Total Individual Hours. (3rd student) _____ hrs. Tuition due \$ _____</p> <p>Total Individual Hours. (4th student) _____ hrs. Tuition due \$ _____</p> <p align="right">PLUS Family Registration Fee.....\$ <u>20.00</u></p> <p>TOTAL ALL TUITION FOR SESSION I DUE & ENCLOSED = \$ _____</p>
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WAIVER AND RELEASE OF ALL CLAIMS AND AUTHORIZATION

(708) 246-6878 Jo's Footwork Studio, 1500 Walker St, Western Springs, IL 60558