
\$ _____
Date _____

For Office Use Only

Ardán Academy of Irish Dance
9015 Iowa St. Livonia, MI 48150; ph.734-762-0997

Location/Locations _____
(Entered by Teacher)

Please fill out form completely and bring with you the first day of class. Payment is also due the first class of each month. Payment is 11 payments of \$85.00 due at the beginning of each month. **There is a \$55.00 registration fee for all beginners and a \$45.00 fee for returning dancers due on the first day of class.**

REGISTRATION FORM
(Please Print)

Student's Name: _____

Birth date: _____ E-mail Address _____

Parent's Name(s): _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Daytime Phone: (____) _____ - _____

Enrollment Date (mo/yr): _____

Any Additional Information _____

At times AAID will publish a picture of a dancer in an advertisement, the newsletter, or on the school's website. Please check this box if you **would not** like AAID to publish your/your child's photo anywhere

PLEASE MAKE ALL CHECKS PAYABLE TO AAID. PLEASE WRITE YOUR CLASS LOCATION AND STUDENT'S NAME IN THE MEMO AREA OF EACH CHECK.

I authorize any agent of the Ardán Academy of Irish Dance to seek emergency treatment for my child in cases of medical emergency.

Parent's Signature: _____

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2020- 2021 PAYMENT OPTIONS

Listed below are the 2020- 2021 tuition payment options. We offer each dancer the option as to how he/she would like to make their payments to AAID. Please be advised that **however your first check for tuition comes into the office decides what payment plan you have chosen.** We ask that you please **do not choose a term or yearly plan if you are not sure that you will be attending for the entire year, there will be no refunds.**

Please note that the *Exercise for All Class* is included in your Monthly 1 Class Per Week fee

PAYMENT OPTIONS	1 CLASS PER WEEK	2 OR MORE CLASSES PER WEEK
Per Class	\$30.00	N/A
Monthly	\$85.00	\$125.00
Term Payments	\$225.00	\$330.00
Year	\$850.00	\$1,250.00
FAMILY MAXIMUM	1 CLASS PER WEEK	2 OR MORE CLASSES PER WEEK
Monthly	\$255.00	\$375.00
Term Payments	\$675.00	\$990.00
Year	\$2,550.00	\$3,750.00
PAYMENT DUE DATES	TERM	MONTHLY
1st Payment	1st Day of Class	1st Day of Each Month
2nd Payment	Nov 9 – 13	1st Day of Each Month
3rd Payment	Feb 1 – 5	1st Day of Each Month
4th Payment	May 3 – 7	1st Day of Each Month

****A late fee of \$25.00 will be assessed to accounts where payment has not been made at the first class of the month. A late fee of \$25.00 will also be assessed to term payment accounts where payment has not been received by the designated payment date above****

****PLEASE MAKE ALL CHECKS PAYABLE TO AAID.**

****PLEASE WRITE YOUR CLASS LOCATION AND STUDENT'S NAME IN THE MEMO AREA OF EACH CHECK.**

If you have any questions or concerns we are more than happy to help!
Please contact the school office.

E-mail: ardanacademy@yahoo.com Phone: (734) 762-0997

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2020-2021 Class Schedule

All Classes will take place on Zoom

Please contact the school office for Zoom Meeting ID and Password

Monday

Beginners – 4:30pm to 5:30pm

2nd / 3rd Year – 5:30pm to 6:30pm

Exercise for ALL – 6:30pm to 7:30pm

Monday Adults – 7:00pm to 8:00pm

Thursday Adults – 8:00pm to 9:00pm

Tuesday

Novice / Prizewinner – 4:30pm to 6:00pm

OC / PC – 6:00pm to 7:30pm

Wednesday

PC – 4:30pm to 6:00pm

Novice / Prizewinner – 6:00pm to 7:30pm

Thursday

OC – 4:30pm to 6:00pm

Release and Waiver of Liability and Indemnity Agreement

(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in the Dance Program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below dance activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/WE fully understand and acknowledge that:
 - (a) There are risks and dangers associated with participation in Dance events and activities which could result in bodily injury partial and/or total disability, paralysis and death.
 - (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
 - (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.
 - (d) There may be other risks not known to us or are not reasonably foreseeable at his time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.
4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the dance facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the dance event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the dance facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee"...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.
5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Dance School _____

Parent or Guardian Signature (if minor) _____

Parent or Guardian Signature (if minor) _____

Printed Name of Participant _____

Address of Participant _____

Received by _____

Registrar Signature

Printed Name

Member #

Region on File

Date