



WISC Dance Academy

Terms of Commitment and Payment Guidelines

Period Term:

Fall/Winter Semester

August 31, 2009-February 27, 2010

Spring/Summer Semester

March 1, 2010-August 21, 2010

Payment Schedule:

Payments will be automatically deducted from a designated bank account on a monthly basis.

Tuition Fees:

Your monthly fees include dance training for the specified number of classes per week.

Payment Terms:

For the 2009/2010 year, the completed registration package must be completed and submitted to the Director of Gymnastics no later than August 31st, 2009.

1. Completed Registration Form to include an ACH form (automatic withdrawal)
2. A signed Terms of Commitment Agreement and Payment Guidelines Form
3. A signed waiver

Members wishing to take personal time off when regular training is scheduled are advised that tuition fees will not be waived or pro-rated, unless authorized by the Gymnastics Director.

Academy dance training requires a commitment from each family for the entire period term in order to be successful. However, we do realize situations occur which make continuing at this higher level difficult if not impossible. Such circumstances which will result in the participant withdrawing from the classes before completion of the semester must be approved by the Gymnastics Director on a case by case basis. Exiting the commitment before completion of the terms will result in a penalty of one month's payment, and must be given with at least 30 days notice.

Types of Payment:

Automatic withdrawal (ACH).

Medical Issues:

In the event of an injury, extended illness or other special medical circumstances lasting more than a month in length, an athlete may request in writing to WISC Gymnastics Director to waive fees for lost time. A medical note must accompany the request from a physician, indicating the nature of the injury and the expected time of recovery.



WISC Dance Academy Registration Form (Please Print)

Child's Name: _____
(First, Last)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Work Phone: (____) _____ Home Phone: (____) _____ Cell Phone: (____) _____

Parent's Name: _____
(First, Last)

Work Phone: (____) _____ Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Parent's Name: _____
(First, Last)

Work Phone: (____) _____ Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Emergency Contact: _____

Emergency Contact Phone: (____) _____

Credit Card Information: (required)

Credit Card Type: VISA MASTERCARD

Account Number _____

Expiration Date (MM/YY) _____

Card Holder Name _____

Billing Address _____

City _____ State _____ Zip _____

Staff Signature _____ Date _____



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

Company Name: Williamsburg Indoor Sports Complex, LLC

I (we) hereby authorize **Williamsburg Indoor Sports Complex, LLC** hereinafter called Company, to initiate debit entries to my (our) ___ **Checking Account**/ ___ **Savings Account (select one)** indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

CUSTOMER'S NAME _____

DEPOSITOR (BANK) NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____

ACCOUNT NO. _____

DRAFT DATES: Please check which day of the month you would like your draft to occur:

1ST OF THE MONTH _____

15TH OF THE MONTH _____

***Please attach a voided check or bank letter to this completed form. Your ACH information will be stored in a secure location.**

This authorization is to remain in full force and effect until COMPANY has received written notification within 30 days from me (or either of us) of its termination.

- WISC ACH draft is a continuous plan which automatically renews monthly.
- Should any payment not be honored by my bank/credit card company for any reason, I realize that I am still responsible for that payment plus a \$35 service fee applied by the WISC.
- WISC reserves the right to terminate membership upon non-payment of fees.
- Your ACH payment will be deducted on the business day before if the 1st or the 15th falls on a weekend or a holiday.
- Please submit any updated account information at least 2 weeks before your draft date otherwise WISC can not guarantee your account information will be updated by your draft date.

NAME _____ SIGNATURE _____

Please Print

DATE _____



WISC Dance Academy
Terms of Commitment and Payment Guidelines

By enrolling my child in the WISC Dance Academy, I recognize that I am obligated to follow the rules and policies of the program as outlined in the Terms of Commitment and Payment Guidelines.

Parent/Guardian Signature

Date

Parent Release Form for Media Recording

I, the undersigned, do hereby grant permission for WISC to use the image of my child

(child's name) _____. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the WISC Web site.

I grant permission to use my child's image in the following ways:

I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by for a variety of purposes and that these images may be used without further notifying me.

Parent/Guardian signature _____

Date _____

WAIVER AND RELEASE
Williamsburg Indoor Sports Complex

INDIVIDUAL AGREEMENT: I intend to use or participate in some or all of the activities, facilities, equipment, programs and services offered at or by Williamsburg Indoor Sports Complex LLC ("WISC"). WISC's facilities are below referred to as "the WISC".

1. In consideration of gaining membership or being allowed such use or participation at WISC, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge WISC and its owners, officers, agents, employees, representatives, executors, successors and assigns from any and all responsibilities or liability for injuries or damages resulting from any participation in any aspect of any activities or programs or my use of equipment or machinery in WISC's facilities or arising out of any activities or events occurring at the WISC.

Please Initial _____

2. I understand and am well aware that strength, flexibility, fitness, exercise and sports activities, including the use of equipment, is potentially hazardous and there is the risk of injury and even death. I also understand that everyone (including myself) has a different capacity for participating in physical activities. I am also aware that all activities, facilities, programs and services at the WISC are either educational, recreational, social, or self-directed in nature. Knowing that, I agree that my participation in any and all of the activities at WISC is strictly voluntary and has not been requested or required by WISC. I further agree that my participation in any and all of the activities at WISC is at my own risk and that I assume any and all risk of injury, illness, damage or loss that might result. I also agree to assume all risk of damage, loss or theft to or of any of my personal property.

Please Initial _____

3. I hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities at the WISC. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate in these activities, programs, facilities and services at the WISC, or that I have decided to participate without the approval of my physician. Accordingly, I do hereby assume all responsibility for my participation in such activities, programs, facilities and services, as well as for my use of any and all equipment and machinery in connection with them.

Please Initial _____

4. Finally, I understand that the activities, facilities, equipment, programs and services offered at the WISC may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of WISC employees, agents, representatives or volunteers will vary according to their training and experience. I also understand that no claim has been or is being made by WISC to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed by WISC to provide such professional services.

Please Initial _____

PARENT/GUARDIAN-CHILD AGREEMENT: I am hereby giving my consent and permission for my child/children
(List child/children's names in the lines provided.)

to be an active member of the WISC and to participate in the activities and programs for which they are registered. I understand that under certain circumstances they will be able to workout or participate in activities without direct supervision. I acknowledge that I am responsible for their actions, and that if they are not demonstrating proper usage of machines, facilities or equipment or exhibiting proper behavior, they will face appropriate disciplinary actions. I understand that WISC's is a family atmosphere and that my child/children need my support, motivation, encouragement and supervision to succeed in a fitness or sports program, and I agree to provide it.

Participant Name: _____ Date: _____
(Please Print)

Participant's Signature: _____ Date: _____
(If member is under 18 – Parent's Signature)

WISC Representative: _____ Date: _____