

YDP REGISTRATION FORM							
Name				D.O.B.			
Parent or Guardian (If under 18)							
Email							
Phone Number(s)							
Mailing Address							
In case of emergency please call:							
Previous Dance Training: (please circle)	Ballet	Point	Modern	Tap	Jazz	Hip Hop	
Other:				Where:			Number of Years:
List any physical limitations: (include all allergies and injuries)							
How did you hear about us?	Website	Friend	Driving By	Flyers	Magazine	Other	

No refunds or credits are given for missed or dropped classes. Registration fees, deposits for class spots, deposits for tuition or deposits for any other purposes are non-refundable. Parents of children enrolled at ASFA Inc. and/or adult students enrolled, acknowledge and understand that his/her child or adult student participates in class at their own risk. By signing the agreement, ASFA Inc, its instructors, and/or assignees are released from any liability in the event of any physical injury to the student. Persons signing this form are responsible for payment of registration, tuition, and any other financial obligations to which they agree to as specified below. Upon signature of this agreement, parents and students have acknowledged that they have read and agreed to respect and abide the rules set forth by ASFA Inc.. Failure to do so will result in a revocation of privilege of being a student at ASFA Inc.

Contract Agreement

Between: Client and A.S.F.A. Inc, for monthly classes. Client agrees to pay A.S.F.A. Inc monthly recurring fees as follows:

Client to purchase the ____ Month Contract for \$_____/month, as an automatic charge to client's account each month for the contract period agreed upon above. I understand that tuition is due the 1st of each month, and that my service will be declined if my account becomes more than 15 days late.

Cancellation Policy: Cancellation requires an email sent to asfastudiokara@gmail.com at least 10 days before the next billing date. If this is not done, the client's account will be charged as usual for the following month.

Parents/Guardian (Client) Signature _____
 Date (MM/DD/YY)_____