

Windfall Student Information Sheet

For New Students: Please fill out completely
For Returning Students: Please make corrections

Date _____

First Name _____ M.I. _____ Last Name _____

Age _____

Address _____

City _____ State _____ Zip _____

Daytime Phone (____) _____ Evening Phone (____) _____

Email _____

Parents Email (if different) _____

____ Check here if you wish to NOT receive Windfall information via mail or email. You may remove yourself from the mailing list at anytime by contacting us.

Emergency Contact Information

Date _____

Student Last Name _____ First Name _____

Emergency Contact Name: _____ Phone: (____) _____
(parent/guardian name or other)

Relationship _____

Food and/or medical allergies: _____ Past Injuries _____

Other important personal information: _____

(Remember to complete 2nd page)

Registration Form

Date _____

First Name _____ M.I. _____ Last Name _____

Age _____ Gender _____ Race (optional) _____ (for demographic purposes only)

Phone (____) _____ Email _____

Please list classes you are registering for: _____

Total Amount Due: \$ _____ Amount Paid Today: \$ _____

Cash \$ _____ Check # _____ (if paying by check today)

Credit Card # _____ Exp. Date _____

Circle One: Visa MasterCard Discover

Name on Card: _____ Signature: _____

____ I'd like to pay in full today ____ I'd like to pay monthly (must fill out payment contract)

____ I'd like to donate \$ _____ to the Windfall Scholarship Fund.

Please read and INITIAL EACH STATEMENT below. Your signature denotes that you understand and agree with the following statements. You MUST initial the top three statements before you may attend class.

____ I agree to be responsible for my (or my child's) safety by warming up adequately, not dancing while injured, and by wearing appropriate dancewear during class.

____ I give Windfall permission to seek emergency and medical care on my (or my child's) behalf in the event of a life-threatening situation or injury.

____ I agree I am responsible for my (or my child's) own well-being, and I release Windfall Dancers, Inc. from liability should I (or my child) be injured while here. In return, Windfall promises to take all reasonable precautions to keep students safe.

____ I give Windfall permission to take my (or my child's) photograph for archival and promotional purposes) and understand that I will not be compensated for any use of images.

Signature _____ Date _____

(If under 18, parent or legal guardian must sign)