

**School of Dance and Movement  
Fall Registration and Payment Plan Form  
2018**

Family Last Name \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Emergency# \_\_\_\_\_

Name of Class	Activity Code	Class Fee
1. _____		
2. _____		
3. _____		

**Payment Information**

- Second Payment is due by October 4, 2018. A late fee of \$20.00 will be added on October 5, if a payment is not received on time.
- If the second payment and late fee is not paid by October 4, your child will not be allowed to participate in the class and no refunds will be issued.
- To avoid a late fee assessment, we recommend utilizing the Auto Pay Method—your second payment will be automatically deducted from your payment card on October 4, 2018.

**Payment Options:**

Choose your payment option:

\_\_\_\_\_ Option 1. Full Payment due at Registration

\_\_\_\_\_ Option 2. Initial Payment –Pay 50% of class fee(s) at registration. Second payment is due on or before October 4, 2018.

**Total Due** \_\_\_\_\_ **Current Amount Due** \_\_\_\_\_

**Note:** If check is returned to the park district stamped insufficient funds, full payment as well as a \$25 penalty will be required in cash or credit card before attendance in the class can continue.

“As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including loss of life, damage or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs.” I further agree to waive and relinquish all claims, fully release and discharge and agree to indemnify and hold harmless and defend the park district and it’s officers, agents, servants and employees from any and all claims resulting from injuries including: loss of life, damages and loss sustained by me and arising out of, connected with or in any way associated with activities of the program. I hereby agree and consent to give the Bensenville Park District unlimited rights to use any photographs or video footage of me (my child), in which I (he/she) may be included in whole or in part, for publication. And I waive all claims for compensation for such use.

**Parent or Guardian Signature** \_\_\_\_\_

**Note: this registration form cannot be processed without the above signature.**

**Special assistance—list any special accommodations that you may require** \_\_\_\_\_

<b>Payment Method:</b>	<b>I choose to use Auto pay for my Dance Class payments</b> _____
Cash \$ _____	Staff Initials _____ Visa MC Discover
Check # _____	Card Number _____
	Expiration Date _____ Amount \$ _____
	Billing Zip Code _____ CVV# _____
	Authorized signature _____