



VIBE Dance Company 2025-2026 Registration Form

Child's First Name: _____ Child's Last Name: _____

Street Address: _____ Date of Birth: _____

City: _____ Zip: _____

Phone: _____ Email: _____

	Full Fee	5% Discount, if Paid In Full	9-Month Payment
Vibe I, II	\$3589	\$3409.55	\$398.78
Vibe III	\$4081	\$3876.95	\$453.44
Vibe IV	\$3938	\$3741.10	\$437.56
Vibe V	\$4028	\$3826.60	\$447.56

Payment Options:

- Option 1: Pay in Full – Receive 5% discount!
 - Due 8/15/25
- Option 2: 9 Equal Monthly Payments
 - Auto-paid on the 15th of every month – 8/15/25 to 4/15/26

Vibe Company Jacket (new style this season) ADD \$100 YES NO **Required for ALL Members*

Vibe Company Backpack (same style as 2024-2025 season) ADD \$110 YES NO **Required for NEW Members only*

Payment Authorization *For security protection, your full bank card number cannot be written on this form. Bank Card Number MUST be entered in your online account as a Saved Credit Card.*

- Login into AHPD Registration. www.ahpd.org. Click Login
- Click My Account. Click List Saved Credit Cards. Click Add New to enter a credit card number.
- Enter the bank card number you wish to use for your Vibe payment(s).

Please enter last 4 digits of the bank card saved to your file for Vibe Payment: _____ Payer's Name: _____

Please check ONE of the following:

- Option 1: Pay in FULL _____ I authorize my bank card to be charged for the full amount (less 5% discount, listed above).
- Option 2: 9 Monthly Payments* _____ I authorize my bank card to be charged 9 equal monthly payments the 15th of every month: 8/15/25 to 4/15/25.
- *I understand that I will be responsible for all monthly payments, even if I choose to remove my dancer from Vibe before 4/15/26.*

Parent/Guardian Signature: _____ Date: _____

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK Please read this form carefully and be aware that signing up and participating in this program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward may sustain as a result of participating in any and all activities connected with and associated with this program (including transportation services and vehicle operations, when provided.) I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program against the Arlington Heights Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above waiver and release of all claims and assumption of risk.

Parent/Guardian Signature: _____ Date: _____

I understand that my child must meet and adhere to all of the expectations and requirements included in the 2025-2026 Vibe Dance Company Season Information packet. Dancers will be pulled from Company performances and competitions if they are not meeting the expectations and requirements of a Company member. (No refunds will be given to members who choose not to continue or are removed from Vibe.) Vibe Dance Company is for dancers who have a passion to learn, to dance well and to work hard. The purpose of this contract is to clearly express what is asked of all Company members and their families, and to ensure that all parties involved are getting what they want and expect out of Company. Company dancers are required to make a serious commitment to their directors and fellow team members.

I have read and understand the Company expectation and requirements (including but not limited to: attendance requirements, class enrollment requirements and code of conduct).

Parent/Guardian Name: _____ Parent/Guardian Signature: _____ Date: _____