

# DANCE WORKS REGISTRATION FORM

DANCERS NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

DANCER'S AGE \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

EMAIL: \_\_\_\_\_ HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

ALLERGIES OR MEDICAL CONDITIONS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

## **WAIVER, WARNING AND RELEASE AGREEMENT:**

DANCE IS AN ACTIVITY IN WHICH DESPITE PREPARATION, INSTRUCTION, MEDICAL ADVICE AND CONDITIONING, THERE IS STILL A RISK OF INJURIES SUCH AS THE FOLLOWING. THIS LIST IS BY NO MEANS COMPLETE OR EXCLUSIVE, BUT INCLUDES: BONE AND JOINT INJURIES, BACK INJURY, MUSCLE STRAIN AND OTHER MUSCLE INJURIES, FOOT PROBLEMS, HEAD, NECK AND SPINAL INJURIES, HEAT EXHAUSTION, OR BROKEN BONES AS THE PARENT OR LEGAL GUARDIAN, I RELEASE AND HOLD HARMLESS DANCE WORKS STUDIO, ITS OWNERS AND OPERATORS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS AND CAUSES OF ACTION WHATSOEVER, ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE OR INJURY, THAT MAY BE SUSTAINED BY THE PARTICIPANT AND/OR THE UNDERSIGNED, WHILE IN OR UPON THE PREMISES OR ANY PREMISES UNDER THE CONTROL AND SUPERVISION OF DANCE WORKS STUDIO, ITS OWNERS AND OPERATORS ON IN ROUT TO AND FROM SAID PREMISES.

THE UNDERSIGNED GIVES PERMISSION TO DANCE WORKS STUDIO, ITS OWNERS AND OPERATORS TO SEEK MEDICAL TREATMENT FOR THE PARTICIPANT IN THE EVENT THEY ARE NOT ABLE TO REACH A PARENT OR GUARDIAN. I HEREBY DECLARE ANY PHYSICAL/MENTAL PROBLEMS, RESTRICTIONS OR CONDITIONS AND OR DECLARE THE PARTICIPANT TO BE IN GOOD PHYSICAL AND MENTAL HEALTH.

## **I HAVE READ AND UNDERSTAND ALL THE ABOVE INFORMATION:**

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **DANCE WORKS PAYMENT AND STUDIO POLICIES:**

PAYMENT FOR CLASS IS DUE ON OR BEFORE THE FIRST OF EACH MONTH! IF A TUITION PAYMENT IS NOT RECEIVED BY THE 1ST DAY OF THE MONTH, A \$5.00 LATE FEE WILL BE CHARGED. IF A TUITION PAYMENT IS NOT RECEIVED BY THE 5TH OF THE MONTH A \$10.00 LATE FEE WILL BE CHARGED. THERE ARE ABSOLUTELY NO REFUNDS OR EXTENSIONS ON ANY TUITION PAYMENTS REGARDLESS OF ANY SITUATION. ANY LAPSE IN MONTHLY TUITION PAYMENT ONCE ENROLLED IN DANCE WORKS WILL RESULT IN HAVING TO PAY A RE-REGISTRATION FEE OF \$30.00. IF A CHECK BOUNCES THERE WILL BE A \$25.00 N.S.F. CHARGE TO THE TOTAL AMOUNT WRITTEN TO DANCE WORKS.

**ATTENDANCE POLICY:** MONTHLY TUITION IS BASED ON AN AVERAGE OF FOUR (4) CLASSES PER MONTH. NO ADDITIONAL CHARGES WILL BE ADDED WHEN A FIFTH WEEKLY CLASS OCCURS IN THE SAME MONTH, NOR WILL THERE BE A REDUCTION WHEN FEWER THAN FOUR CLASSES ARE ATTENDED IN THE SAME MONTH DUE TO A MAJOR HOLIDAY, ABSENCE OR SICKNESS. ANY CLASSES MISSED MAY BE MADE UP IN OTHER APPROPRIATE CLASSES DETERMINED BY THE INSTRUCTOR, WITHIN TWO WEEKS OF THE MISSED CLASS. MISSED CLASSES CANNOT BE APPLIED TO SUBSEQUENT MONTH'S TUITION. THERE ARE NO EXCEPTIONS.

**STUDENT AND PARENT BEHAVIOR:** TO HELP PRESERVE OUR FAMILY ATMOSPHERE YOU ARE EXPECTED TO REFRAIN FROM SMOKING, SWEARING AND YELLING WHILE ON DANCE WORKS PROPERTY. PARENTS AND STUDENTS ARE EXPECTED TO ADDRESS THE STAFF RESPECTFULLY AND WE WILL DO OUR BEST TO RESOLVE ANY PROBLEMS OR ANSWER ANY QUESTIONS YOU MIGHT ENCOUNTER.

PARENT'S INITIALS:

\_\_\_\_\_ I UNDERSTAND THAT DANCE WORKS OFFERS AN AUTO DEBIT SERVICE FOR MONTHLY TUITION

\_\_\_\_\_ I UNDERSTAND THAT TUITION IS DUE BY THE 1<sup>ST</sup> OF EACH MONTH

\_\_\_\_\_ I UNDERSTAND THAT \$5.00 LATE FEE WILL BE APPLIED TO MY ACCOUNT AFTER THE 1<sup>ST</sup> AND A \$10.00 LATE FEE AFTER THE 5<sup>TH</sup> OF EACH MONTH IF TUITION IS RECEIVED LATE.

\_\_\_\_\_ I UNDERSTAND THERE IS A \$25.00 FEE ASSESSED TO ALL N.S.F. CHECK RETURNS

\_\_\_\_\_ I UNDERSTAND THAT DANCE WORKS DOES NOT SEND MONTHLY INVOICES & THAT I AM RESPONSIBLE FOR MONTHLY PAYMENTS

\_\_\_\_\_ I UNDERSTAND THAT THERE ARE NO REFUNDS ON ANY TUITION, COSTUME OR RECITAL TICKET PAYMENTS

\_\_\_\_\_ I UNDERSTAND THAT PHOTOS AND/OR VIDEOS OF MY DANCER MAY BE USED FOR ONLINE OR ADVERTISING PURPOSES.

I ACKNOWLEDGE THAT I HAVE READ THE ABOVE POLICIES AND AGREE TO ADHERE TO THE TERMS SET FORTH BY DANCE WORKS

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_