



# Registration Form

## Family Information/Billing Contact

Parent(s)/Guardian(s) First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Parents Cell: Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Student Email \_\_\_\_\_  
(we do ALL communications by email)

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

How did you hear about us \_\_\_\_\_

## Student Information

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please list any medical conditions we should know about: \_\_\_\_\_

Costume Size Information: Please fill in the below costume measurements with the sizes you would like us to order for your child for our June Recital. **Please add 3" to girth for 3-9 year olds (this will ensure room for growth).** Use a cloth measuring tape and follow the diagram.

Size:

Top	___ Child	___ Adult	___ XS	___ SM	___ MED	___ LG	___ XL
Pant	___ Child	___ Adult	___ XS	___ SM	___ MED	___ LG	___ XL

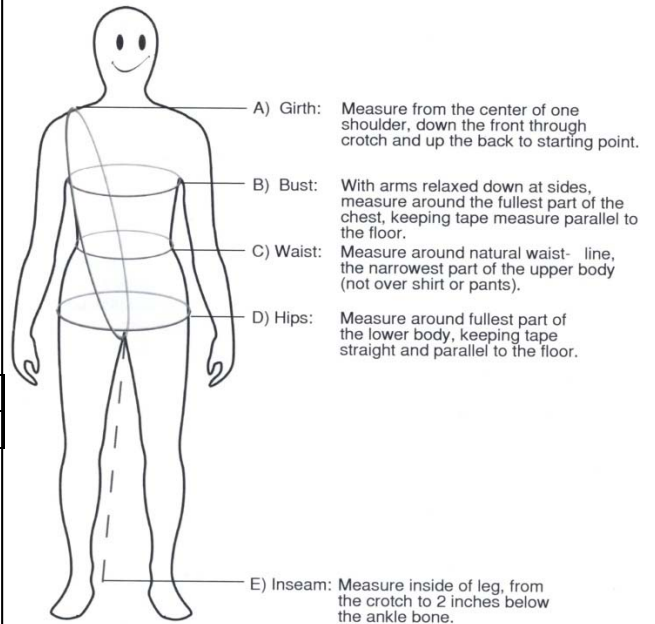
Number Size (children only):

Top	(circle one)	2	4	6	8	10	12	14	16
Pant	(circle one)	2	4	6	8	10	12	14	16

**Measurements:** \_\_\_\_\_ **Inches Added: Yes/ No** \_\_\_\_\_

**Bust** \_\_\_\_\_ **Waist** \_\_\_\_\_ **Hips** \_\_\_\_\_ **Girth** \_\_\_\_\_

**Inseam (Boys Only)** \_\_\_\_\_



**ASSUMPTION OF RISK, WAIVER OF LIABILITY** As legal guardian of the above named persons, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to inflatables, gymnastics, tumbling, cheerleading, dance, pom pon, clinics, camps, private lessons, birthday parties, birthday party guests, fitness, piano, music lessons, acting, art, open houses bring a friend, karate, Lock In parties, and field trips. Being fully aware of these dangers, I voluntarily consent to the aforementioned persons participating in any and all programs at The Art of Dance and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child or myself to use this facility, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE The Art of Dance, its officers, directors, shareholders, employees or other representatives, weather paid or volunteer, from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision or control of The Art of Dance. I also understand that it is the parent's responsibility to warn the child about the dangers of gymnastics, karate, fitness, dance, and/or any other product offered by The Art of Dance or its affiliates. The parent should warn the child according to what the parent feels is appropriate. The Art of Dance and its affiliates will only warn the child thru safety messages and our teaching style and progressions. I also understand and give permission for photographs and videos of my child to be used in print or broadcast media as deemed appropriate for the promotion of The Art of Dance and/or its affiliates.

**PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE** I confirm that I/my child is in good health and I have medical insurance on I/my child and will provide coverage while he/she is enrolled. I fully understand that The Art of Dance staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release The Art of Dance Inc and staff members to render temporary first aid to myself or my child in the event of any injury or illness, and if deemed necessary by The Art of Dance Staff to seek medical help including calling of an ambulance for said child should The Art of Dance staff deem this to be necessary. Additionally, I hereby agree to individually provide for all medical expenses, which may be incurred by myself or my child as a result of any injury sustained while participating at The Art of Dance Inc and/or any of its affiliates.

**TUITION PAYMENT, ENROLLMENT AND BILLING INFORMATION** I understand if I/my child is enrolled in a program that has reoccurring monthly tuition I am continuously enrolled in the program and I will incur reoccurring monthly tuition charges on my account until I submit to The Art of Dance a class stop request form in person. If I am stopping a class (with reoccurring monthly tuition) it must be done on or before the last day of the month. If I stop a class after the month begins I will NOT receive credits and/or refunds for the remaining classes in the current month. I understand that The Art of Dance does not give credits and/or refunds for, but not limited to programs, class(es), clinics, costumes, camps, private lessons, fitness, music, art, acting, birthday parties, birthday party guests, bring a friend, and field trips, missed and/or cancelled due to holiday, vacation, illness, weather or any other reason. Costume charges are applied to each account after the 1<sup>st</sup> of October and will be charge with the payment method on file on 1st of November. The Art of Dance and does not issue refunds for any reason. All sales are final for any product and/or service purchased and/or provided by The Art of Dance and/or its affiliates. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. Any DVD and Recital T-shirt order forms not turned in by due dates will be not be ordered NO exceptions. All orders must be picked up within 90 days of the recital or will be forfeited. All costumes must be picked up within 90 days of the recital or will be forfeited. If my payment is not received on or before the due date, The Art of Dance will initiate electronic payments for any balances due on my account PLUS an administrative late fee of \$10.00. Payments will be processed with the payment method/information I have chosen on the registration form that is kept on-file with The Art of Dance. If provided, an e-mail notification will be sent any time a payment is processed. I acknowledge that this authorization will remain in effect until I notify The Art of Dance studio office in writing that the authorization should be terminated. If for whatever reason, payments cannot be processed and my account balance remains overdue, understand that my enrollment in class(es) will be cancelled. I will be responsible for all costs incurred for collection of any delinquent payments, including but not limited to collection/ attorney fees/ court costs. I understand that monthly payment amounts may vary as classes are added or dropped and as other charges/payments are applied to my account including but not limited to membership fees, costume charges ect. **The Art of Dance reserves the right to modify the terms of this agreement with written notice.**

### Monthly Payment Information

\_\_\_\_\_ I would like auto tuition. Please charge my credit card on file on the 1<sup>st</sup> of each month for my entire balance due and email me my receipt. Auto billing applies only to programs that have a reoccurring monthly tuition. Fees for other products and/or services shall be paid for at time of purchase and/ or registration. I understand that my child will be continuously enrolled and will incur monthly charges until I submit a stop class request form to the office at The Art of Dance Inc.

\_\_\_\_\_ I would like to pay my account on or before the first of each month through the studio office. If my payment is not received on or before the 1<sup>st</sup> of the month The Art of Dance Inc will initiate an electronic payment with my credit card on file for any balances on my account after the second of the month and if an email is on file I will be emailed a receipt. I understand this only applies only to programs that have a reoccurring monthly tuition. Fees for other products and/or services shall be paid for at time of purchase and/ or registration. I understand that my child will be continuously enrolled and will incur monthly charges until I submit a stop class request form to the office at The Art of Dance Inc.

\_\_\_\_\_ I am registering for a program (example – master class, private lesson, birthday party, camp or field trip) that does not have a reoccurring monthly tuition. I understand that fees for products and/or services shall be paid at time of registration.

I understand that The Art of Dance may or may not send out monthly statements or billings for my product and/or service and that it is my responsibility to pay my account balance by the 1st of each month or The Art of Dance will charge my credit card on file as of the 2<sup>nd</sup> of each month for any outstanding balance due plus a \$10.00 administrative fee. All costume fees are due November 1<sup>st</sup> or at time of registration, if registered after November 1<sup>st</sup>. All costume fees will be charged with the card on file as of November 1 or at time if registering.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_