

The Dance Loft, LLC
Registration Form 2024-2025

Date of Registration _____ **Add an additional \$25 for the registration fee**

BASIC INFORMATION

Student Name _____

Address _____

City _____ Zip Code _____

Dancer's Date of Birth _____

Student email _____ Student Cell _____

Previous Dance Experience (years/place/type)

Parent/Guardian Information – Name

Home Phone _____ Cell _____ Work _____

Email Address _____

Please print clearly – The Dance Loft communicates with our clients through email. That is how we provide all communication about any events, dates, charges on accounts and schedule changes

EMERGENCY CONTACT/MEDICAL HISTORY

Please list two emergency contacts

1. _____ Phone _____ Relationship _____

2. _____ Phone _____ Relationship _____

Does your dancer have any medical conditions or previous injuries? Yes ___ No ___

If yes, please specify _____

THE DANCE LOFT IS NOT LIABLE FOR ANY INJURIES

ENROLLMENT

Please list the classes you would like to be enrolled in:

Name _____ Day _____ Time _____

Name _____ Day _____ Time _____

Name _____ Day _____ Time _____

Name _____ Day _____ Time _____

Name _____ Day _____ Time _____

REFERRAL

Were you referred to The Dance Loft by anyone?

If so, who? _____

THE DANCE LOFT PAYMENT POLICY

All Dance Loft clients will be required to pay the 1st installment and the \$25 registration fee at the time of registration. TDL operates on a 36-week session and tuition is drafted monthly. At the time of registration, we require a credit card on file. The card will be drafted on the 28th of each month. We accept cash, check, and all major credit cards excluding AMEX. Checks that do not clear or if any credit cards are declined the account will be assessed a \$25 fee after 7 business days. It is the responsibility of the client to inform TDL of any lost, stolen, or expired cards. The Dance Loft does not issue any refunds unless a class is cancelled.

Name on Card _____ **Card #** _____

Exp. Date _____ / _____ **3 Digit Security Code** _____

Billing Address: Street _____ **City** _____ **St** _____ **Zip** _____

Please sign below, acknowledging that all information provided above is correct, and you are in full understanding that The Dance Loft, LLC is not responsible for any injuries, illness, COVID-19, or any lost and stolen property. By signing below, you acknowledge that you have carefully read and are agreeing to THE DANCE LOFT PAYMENT POLICY and authorizing payments to The Dance Loft, LLC.

Signature _____

Date _____