

STUDIO OF DANCE ARTS
SUMMER CLASS
LEVEL 1, 2, & 3
REGISTRATION FORM

Student Name _____

Address _____

Parent Name _____

Phone # _____

**Please return form and signed policy sheet with
Payment to:**

Studio of the Dance Arts
63 Fall St
Seneca Falls, NY 13148

Payment must be made at time of registration!

STUDIO OF THE DANCE ARTS

63 FALL ST, SENECA FALLS, NY 13148

POLICIES

- PAYMENTS** Registration fee and the first months tuition are due by the first class. All tuition after the initial month, are due by the 1st of the month. Any tuition not paid by the first of the month will be charged a \$10.00 late fee.
Checks should be made out to Studio of the Dance Arts. There is a \$25.00 fee for any returned checks.
- REFUNDS** Registration fees and tuition are non-refundable.
- The monthly tuition purchases a certain number of classes per month. Make up classes are available. Ask to find out which classes are the best for your Childs' abilities.
- DRESS CODE** Students must wear;
BLACK LEOTARD
PINK OR BLACK TIGHTS OR LEGGINGS
BALLET- PINK BALLET SLIPPERS (LEATHER OR CANVAS)
TAP-BLACK SHOES (TAN IS ALSO ACCEPTABLE FOR SOME GROUPS)
JAZZ-BLACK JAZZ SHOES
HAIR SHOULD BE PULLED BACK FOR ALL CLASSES AND IN A BUN FOR BALLET CLASSES
NO BAGGY SHIRTS, PANTS OR SHORTS ALLOWED!
- CODE OF CONDUCT** Students and their families are expected to conduct themselves in a courteous manner at all times. They must respect their instructors, the studio staff and fellow students. Anyone not doing so may be asked to no longer participate in Studio of the Dance arts classes or functions.
- Studio of the Dance Arts reserves the right to cancel or reschedule classes with posted notice or a phone call. Classes are not conducted on some holidays. Please look for the posted notice of these times. **In case of bad weather, please check radio station 98.5 WNYR or if in doubt please call ahead.**
- WAIVER AND RELEASE**
In consideration by being allowed to participate in any way in Studio of the Dance Arts dance programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:
 - The participant is in good health and has been cleared by physician to participate in dance activities and if there is any change in this status, Studio of the Dance arts will be notified immediately.
 - The risk of injury from the activities involved in this program is significant and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and
 - I willingly agree to comply with the stated and customary terms and conditions for participation.
 - I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Studio of the Dance Arts, it's officers and employees ("releasees"), with respect to any and all injury, disability, death or loss or damage to person or property, unless such injury, disability, death, or loss or damage to persons or property arises from the negligence of the releasees.

PLEASE SIGN BELOW (Your signature shows that you have read, understand, and comply with all the policies in this agreement. Parent/guardian must sign for students under 18 years of age.)

Students name (print)

Student signature

Date

Parent/Guardian name (print)

Parent/Guardian signature

Date