

SHINE STUDIO

Season: _____ **Signup Date:** _____

REGISTRATION FORM

PLEASE COMPLETE BOTH SIDES

Student's Name(s): _____ Date of Birth: _____

Student's Name(s): _____ Date of Birth: _____

Student's Name(s): _____ Date of Birth: _____

Student's Name(s): _____ Date of Birth: _____

Primary Phone: _____ Secondary Phone: _____

Name of Person responsible for paying fees: _____

Mailing Address: _____

Primary Email Address: _____

LEGAL RELEASE AND POLICY ACCEPTANCE (please initial)

_____ I/we understand the studio policies (see handbook at front desk)

_____ I/we understand my billing obligations

_____ I/we understand the risks related to classes at Shine Studio

_____ I/we understand the schedule

_____ I/we give media use rights permission

_____ I/we understand the attendance policy (see poster in lobby)

_____ I/we understand the dress code (see poster in lobby)

FEES ASSOCIATED WITH CLASSES (please initial)

_____ Registration Fee: \$10 per family

_____ Tuition will be \$ _____ for _____ months _____

_____ Competition fees (for competition classes ONLY)

_____ Costume Fee: \$45-\$80/costume depending on classes. Most costumes are around \$65

MEDICAL:

Allergies: _____

Will your child require any special medical attention during a normal class: YES/NO

If yes please explain: _____

I understand that there are risks of physical injury associated with, arising out of and inherent to the activities at Shine Studio. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all rights and/of causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to Shine Studio, its officers, agents, employees, instructors, subsidiaries, parent corporations, and all affiliated entities (hereinafter collectively referred to as "Shine Studio").

I hereby agree to release Shine Studio and hold Shine Studio harmless of all liability and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in classes at Shine Studio on behalf of the participant. I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation. I also give Shine Studio permission to use my child's picture in or on any form of advertisement for Shine Studio or Shine Studio affiliated event. If I am a minor, my parent and/or legal guardian has also signed this document releasing Shine Studio from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risks of injury inherent to this activity. The participant has my permission to participate in Shine Studio. I warrant the below information is complete and correct. I further release Shine Studio of all liabilities associated with my child's attendance at Shine Studio.

Parent/Guardian Signature: _____

PAYMENT INFORMATION:

Type of Payment Used **(MUST BE AUTOPAY--NO EXCEPTIONS! PLEASE DO NOT ASK).**

Credit Card information:

Number: _____

Expiration Date: _____ CVC: _____

Billing Zip Code: _____

OR

Checking Account information:

Routing Number: _____ Account Number: _____

Please attach a voided check if you have one.

I authorize you to withdraw the full account balance each month on the 10th or the 25th (circle one) of the month. Items that may be charged during any given month are tuition, recital fees (Dec and May only), costume fees, dancewear, and snack charges. You will receive a statement each month before the 10th via email with current charges. You also have access to your account through the parent portal. If you would like your payments broken up over a couple of months for costumes, please let me know before the 10th of each month.

Parent/Guardian Signature: _____