

Shine Studio

Season: \_\_\_\_\_ Signup Date: \_\_\_\_\_

REGISTRATION FORM

PLEASE COMPLETE BOTH SIDES

Student Information

Student's Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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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) \_\_\_\_\_ 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) \_\_\_\_\_ I/we understand the dress code (see poster)

\_\_\_\_\_  
Signature/Responsible Party \_\_\_\_\_ Date

FEES ASSOCIATED WITH CLASSES (please initial)

\_\_\_\_\_ Registration Fee: \$20 per family \_\_\_\_\_ Recital Fee: \$30 per recital per family

\_\_\_\_\_ Tuition will be \$ \_\_\_\_\_ for \_\_\_\_\_ months \_\_\_\_\_

\_\_\_\_\_ Competition fees (for competition classes ONLY)

Costume Fee: \$45-\$80 per costume depending on classes. Most costumes are around \$55

Medical

Allergies: \_\_\_\_\_

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

If yes please explain: \_\_\_\_\_

Dancewear costs:

Shoes: Type: \_\_\_\_\_ Bought From: \_\_\_\_\_

Leotard: New: \_\_\_\_\_ OR Bought From: \_\_\_\_\_

Tights: \_\_\_\_\_ Total Charged to Account: \_\_\_\_\_

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.

**PAYMENT INFORMATION:**

**TYPE OF PAYMENT USED (MUST BE AUTOPAY—NO EXCEPTIONS! PLEASE DO NOT ASK).**

**CREDIT CARD INFORMATION: NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_ **CVC:** \_\_\_\_\_

**CHECKING ACCOUNT INFORMATION: NAME:** \_\_\_\_\_

**ROUTING NUMBER:** \_\_\_\_\_ **ACCOUNT NUMBER:** \_\_\_\_\_

**PLEASE ATTACH VOIDED CHECK IF YOU HAVE ONE.**

I authorize you to withdraw the full account balance each month on the 10<sup>th</sup> or the 25<sup>th</sup> (circle one) of the month. Items that may be charged during any given month are tuition, recital fees (Dec and May only), costume fees, classwear including leotards, tights and shoes, snack charges. You will receive a statement each month before the 10<sup>th</sup> 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 10<sup>th</sup> of each month.

Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Printed name: \_\_\_\_\_ ENTERED IN SYSTEM: \_\_\_\_\_ DATE: \_\_\_\_\_