

Dancers Domain 2019-2020 Summer Registration Form

ACCOUNT INFORMATION:

INPUT DATE: _____ INITIALS _____

PARENT 1: _____ PARENT 2: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

HOME #: _____ PARENT 1: CELL: _____ PARENT 2 CELL: _____

PARENT 1 EMAIL: _____ PARENT 2 EMAIL: _____

(***PLEASE NOTE WE WILL BE COMMUNICATING PRIMARILY THROUGH EMAIL ON IMPORTANT INFORMATION***)

EMERGENCY CONTACT NAME: _____ PHONE: _____

HOW DID YOU HEAR ABOUT DANCERS DOMAIN: _____

STUDENT INFORMATION:

STUDENT 1 NAME: _____ BIRTHDAY ___/___/___ MALE/FEMALE

STUDENT 2 NAME: _____ BIRTHDAY ___/___/___ MALE/FEMALE

STUDENT 3 NAME: _____ BIRTHDAY ___/___/___ MALE/FEMALE

CAMP/INTENSIVE INFORMATION

PLEASE CHECK ALL SUMMER PROGRAMS YOUR DANCER(S) WILL BE ATTENDING

<u>STUDENT NAME:</u>	1st Session Dance Camp	1st Session Intensive	2nd Session Dance Camp	2nd Session Intensive	3rd Session Dance Camp	3rd Session Intensive

DANCERS DOMAIN 13610 N. SCOTTSDALE RD STE 20, SCOTTSDALE AZ 85254
WWW.DANCERSDOMAINAZ.COM
DANCERDOMAINAZ@GMAIL.COM

Dancers Domain 2019-2020 Summer Tuition Policy

TUITION POLICY:

ALL SUMMER TUITION MUST BE PAID IN FULL BY THE FIRST DAY OF EACH CAMP/INTENSIVE. WE RECOMMEND PAYING AT TIME OF REGISTRATION IN ORDER TO HOLD YOUR DANCERS SPOT. IF OUR CAMPS OR INTENSIVES ARE AT FULL CAPACITY AND YOU HAVE NOT PAID AHEAD, WE CAN'T GUARANTEE PLACEMENT IN OUR SUMMER PROGRAMS.

CREDIT CARD AUTHORIZATION:

I AUTHORIZE DANCERS DOMAIN TO DEBIT MY CARD FOR DANCE CAMPS & INTENSIVES. I UNDERSTAND MY CREDIT CARD INFORMATION WILL BE HELD STRICTLY CONFIDENTIAL AND DEBITED ON THE AMOUNT OF AGREED MONTHLY FEES. I REALIZE THAT IF FOR ANY REASON MY SON/DAUGHTER DECIDES TO WITHDRAW FROM THE PROGRAM, I AM RESPONSIBLE FOR THIS AMOUNT UNLESS NOTIFIED A WEEK PRIOR TO SUMMER PROGRAMS.

CREDIT CARD (PLEASE CIRCLE ONE)- VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARD NUMBER: _____ **EXP. DATE** _____

NAME ON CARD _____ **CCV:** _____

ZIP CODE OF BILLING ADDRESS _____

SIGNATURE _____ **DATE** _____

STUDIO POLICIES: (PLEASE INITIAL)

PARTICIPATION: STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE IN OUR SUMMER PROGRAMS IF THEIR IS A OUTSTANDING BALANCE ON YOUR ACCOUNT.

PHOTOGRAPHY & VIDEO: I AUTHORIZE DANCERS DOMAIN TO TAKE PHOTOGRAPHS AND VIDEOS FOR USE IN BROCHURES, WEBSITES, ADVERTISEMENTS, AND OTHER PROMOTIONAL MATERIAL.

MEDICATION: FROM TIME TO TIME STUDENTS APPROACH US FOR MEDICATIONS FOR MINOR AILMENTS AND HEADACHES.

LIABILITY: I HEARBY RELEASE DANCERS DOMAIN AND ALL STAFF MEMBERS FROM ALL CLAIMS OF DAMAGES OR INJURY SUFFERED BY THE ABOVE REGISTERED STUDENTS.

I HAVE READ AND UNDERSTAND THE STUDIO POLICIES AND I AGREE TO ABIDE FULLY BY ITS TERMS

PARENT OR GUARDIAN SIGNATURE _____ **DATE** _____

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