

Torrie's Academy of Dance, LLC

Date: _____

Student Last Name: _____ Student First Name: _____

Parents Names: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mom Phone: _____ Dad Phone: _____

Emergency Contact Name and Phone: _____

Birthday: _____

Check preferred contact

Mom Email Address: _____

Dad Email Address: _____

Classes Interested in Taking:

Ballet

Unlimited Classes

Tap

Private lessons

Jazz

Competition Team

Acrobatics

Hip Hop

Lyrical

Musical Theater

Baton

Office use

Days: _____

Class: _____

Rules and Regulations

(Parent LAST Name)

(Parent FIRST Name)

(Date)

(Child LAST Name)

(Child FIRST Name)

***Please initial below that you have read and understand each statement. In doing so, you agree with and will comply with each statement to the best of your ability.

- ★ I, _____, understand that the tuition is DUE the 1st lesson my dancer has in the month or by the 7th of each month.
- ★ I, _____, understand that my child MUST wear dance clothes to class that are fitted and if in ballet class any color leotard, pink tights, & pink ballet slippers for females. Tutus and ballet skirts are welcome. Males black pants, white tank top, and black ballet slippers.
- ★ I, _____, understand that the tuition is based on a monthly fee that stays the same regardless if the month has 3, 4, or 5 weeks in it. The lessons on average are 4 per month (40 lessons per dance season) and monthly tuition includes days off such as; Labor Day, Halloween, Thanksgiving, Winter Break, Spring Break and Memorial Day.
- ★ I, _____, understand that if my child misses their dance lesson due to family matters, school activities, or common illness that my monthly rate will stay the same regardless (Except in extreme cases). Also, if there is a snow day the class will be made up at a later date by the teacher.
- ★ I, _____, understand that if classes MUST be taught online that tuition will remain the same and that my dancer(s) will be enrolled once that takes place.
- ★ I, _____, understand that if my child quits I MUST notify the dance studio by phone, email or written letter.
- ★ I, _____, understand that if my child has a private lesson and misses her lesson or is late that I will NOT be refunded the money and will have no makeup lesson.
- ★ I, _____, understand that if my child quits dance after **February 1, 2021** there will be a re-choreography **fee of \$100**
- ★ I, _____, understand that if I am delinquent on payments there will be a late fee and small claims court may become involved with outstand balances after June 11th, 2021.
- ★ I, _____, understand that there is a **LATE FEE** of **\$10.00** after the 7th of each month if my total balance is not paid in full.
- ★ I, _____, understand that **50%** of the costume balance is due by **October 29, 2020**.
- ★ I, _____, understand that **100%** of the costume balance is due by **December 17, 2020**.
- ★ I, _____, understand that there is a **LATE FEE** of **\$25.00** per month if the costume balance is not paid in full by **January 6th, 2021**.
- ★ I, _____, understand that once Ms. Torrie orders the costume(s) on **January 6th, 2021**. **I am responsible for FULL payment of the costumes regardless is the child continues at Torrie's Academy of Dance, LLC or NOT.**
- ★ I, _____, understand that the recital is MANDATORY for ages 18 and under.
- ★ I, _____, understand that all rehearsals are mandatory the week of the recital June 7-11, 2021 and that 3 weeks tuition is required (unless Competition member then full tuition is due)
- ★ I, _____, understand that the **recital will be FRIDAY, JUNE 11th, 2021** unless circumstances are out of the dance studios control.
- ★ I, _____, acknowledge in case of a emergency due to a major injury call an ambulance. Please circle --- YES or NO

Torrie's Academy of Dance, LLC

5918 Market St.

Boardman, Ohio 44512

(330) 758-8083

LIABILITY RELEASE: I acknowledge (myself) _____, as a parent or legal guardian of (child) _____, that I allow my child to participation on or near the property of Torrie's Academy of Dance and Limitless Dance Company. I am also aware that Torrie Ward and/or any member of her staff or volunteer associates are not held responsible for any illness or injury minor or major that may occur. I am also aware and acknowledge that Torrie Ward or any member listed above is not held responsible for any medical treatment.

Signature of Parent or Legal Guardian:

Sign: _____

Date: _____

PHOTO RELEASE: I also allow Torrie Ward and her staff to take and use photos of my child for our webpage, Facebook, pamphlets, brochures, etc. in association with Torrie's Academy of Dance and/or Limitless Dance Company.

Yes, this is Allowed (print name): _____

Date: _____

No, I do not want my child's picture used (print name): _____ Date: _____

Signature of Parent or Legal Guardian:

Sign: _____

Date: _____

*Thank You:
Torrie Ward and Staff*