



2018-2019 Infinity Dance Company Agreement

Student Name: _____ DOB: _____ Grade _____ Male or Female

Medical Condition: Allergies, Asthma, ect _____

Earrings: Pierced or Clip On (circle one) T-Shirt Size: CXS CS CM CL AS AM AL AXL (circle one)

Parent/Guardian's Name: _____

Address: _____

City, State, Zip: _____

Cell # _____ Work # _____ Home # _____

E-mail: _____ 2nd E-mail _____

Emergency Contact: _____ EM Contact # _____

May we take photos of your child during class and/or performances to be used for advertising? Yes No (circle one)

How did you hear about us? FB/Social Media Google/Yahoo Newspaper Ad Passed by Flyer (Circle One)

Friend (please name) _____ other _____

Class Schedule

Class 1 _____ Class 7 _____

Class 2 _____ Class 8 _____

Class 3 _____ Class 9 _____

Class 4 _____ Class 10 _____

Class 5 _____ Class 11 _____

Class 6 _____ Class 12 _____

Although health and safety are the utmost important to the staff of IDC, the studio is not responsible for injury on the premises or at an IDC sponsored function. I, the undersigned parent/guardian of the aforesaid child, do hereby authorize the staff of Infinity Dance Company (IDC) to seek medical treatment as may be necessary in an emergency situation for the health of the said child. In the event parent(s)/guardian cannot be contacted, IDC staff is hereby authorized to initiate whatever action deemed necessary, in their judgment for the safety of said child _____(initial).

I understand tuition is due by the 10th of each month. I agree to pay my tuition on time. In the event my payment is not received by the 10th, I understand and agree to pay a \$25 late fee in addition to the month's tuition or other fees associated with my child's participation in the IDC program. Payments are accepted in the form of cash, check, and VISA/ MasterCard. Payments can be made online through the Infinity Dance Company website. Any student with an overdue balance of more than 45 days will not be allowed into class until payment in full is received. Returned check fee is \$25.00. _____(initial)

I understand that IDC must receive a 30-day written notice of withdrawal from class. I am responsible for tuition until that notice is received in the IDC office. _____(initial)

The date of the IDC Spring Revue is June 22th, 2019 at the Hancock Performing Arts Center. Rehearsals dates are June 20th and June 21st, 2019 at the Hancock PAC. I understand that rehearsals are mandatory and my child must be there at said scheduled days and times in order to participate in the IDC annual recital. _____(Initial)

In addition to my monthly class tuition payment is my recital package and additional costume fees. Included in each students recital package is: 1 costume, 1 pair of tights, 1 pair of earrings, 1 recital t-shirt, 1 program book, 1 book marquee ad, download links for Action Shots & Video taken during the performance. Your package will cover the cost of the recital venue, audio &visual personnel, photographer, videographer, and venue security and staff. In addition you will receive 5 FREE tickets! I understand that I may be refunded 75% of the PAID recital fees if my child withdraws prior to 10/31/18. If my child withdraws ON or AFTER 11/1/18 there will be NO refund on any recital fees. _____(initial).

AUTO PAY OPTION: Infinity Dance Company provides an Auto Pay option at no charge to you to help you make sure your bill is paid on time and the late fee is avoided. You can agree to the 1st or 5th of the month for the payment to process. By signing below, you authorize Infinity Dance Company to automatically run the card on file for the balance due on your account:

1st of the Month _____ or 5th of the Month _____ // Signature _____ Date: _____