

Aspire Dance Studio, LLC REGISTRATION FORM 2017-2018

Date of Registration_____

BASIC INFORMATION

Dancer's Name_____

Address_____

City _____ Zip Code_____

Dancer's Full Date of Birth_____

Previous Dance Experience (years/place/type)_____

Email _____ Phone Number_____

Parent 1 Information (Only if under 18):

Name_____

Place of work_____

Home Ph. _____ Cell Ph. _____ Work Ph. _____

Main E-Mail Address_____

Alt. email address _____

Parent 2 Information (Only if under 18):

Name_____

Place of work_____

Home Ph. _____ Cell Ph. _____ Work Ph. _____

Main E-Mail Address_____

Alt. email address _____

***PLEASE PRINT CLEARLY** - Aspire Dance communicates with our clients through email; that is how we will provide all communication about any events, dates, charges on accounts, changes in schedules, etc.*

Aspire Dance Studio, LLC REGISTRATION FORM 2017-2018

EMERGENCY CONTACTS/MEDICAL HISTORY

In Case of an emergency and parents cannot be reached, please list 2 contacts:

1. Name: _____

Phone Number _____ Relationship _____

2. Name: _____

Phone Number _____ Relationship _____

Does your dancer have any medical conditions or previous injuries? yes _____ no _____

If yes, please specify:

Does your dancer have any allergies? yes _____ no _____

If yes, please specify:

ASPIRE DANCE STUDIO IS NOT LIABLE FOR ANY INJURIES

How did you hear about Aspire Dance Studio? _____

REFERRAL: Were you referred to Aspire Dance Studio by anyone? yes _____ no _____

If so, who? _____

Aspire Dance Studio, LLC REGISTRATION FORM 2017-2018

ENROLLMENT

Please list the classes you would like to be enrolled in:

Class	_____	Day	_____	Time	_____
Class	_____	Day	_____	Time	_____
Class	_____	Day	_____	Time	_____
Class	_____	Day	_____	Time	_____
Class	_____	Day	_____	Time	_____
Class	_____	Day	_____	Time	_____
Class	_____	Day	_____	Time	_____
Class	_____	Day	_____	Time	_____
Class	_____	Day	_____	Time	_____
Class	_____	Day	_____	Time	_____
Class	_____	Day	_____	Time	_____
Class	_____	Day	_____	Time	_____
COMPANYCREW	_____	Day	_____	Time	_____
COMPANYCREW	_____	Day	_____	Time	_____
COMPANYCREW	_____	Day	_____	Time	_____
COMPANYCREW	_____	Day	_____	Time	_____
COMPANYCREW	_____	Day	_____	Time	_____

Total Weekly Dance Hours: _____ Total Monthly Tuition: \$ _____

Enclosed \$25.00 Individual or \$40.00 Family Registration Fee: yes _____ no _____

Aspire Dance Studio does not issue refunds.

Aspire Dance Studio, LLC REGISTRATION FORM 2017-2018

ASPIRE DANCE STUDIO PAYMENT POLICY

All Aspire Dance Studio clients will be required to pay for tuition on the 28th of each month, prior to the month that the tuition is for. We require that all tuition is paid through our automatic payment program, in which the monthly tuition fee will be withdrawn in the amount of \$_____ from your account on the 28th of each month for the following month. The date of automatic withdraw will start on ____/____/____ and the last monthly tuition withdraw will take place on 5/28/2018. Other fees (ex: costumes) can be paid through automatic payment, or through cash, check or charge at the studio. Aspire will email when accounts have charges posted on them that are in addition to the monthly tuition fee. All charges are due 7 days after the charge is posted to the account. If payment is not made in another form (cash/check), the card on file will be charged. If the card is declined, the account will be charged an 18% late fee, and if the balance is not paid in its entirety within 7 days from the card decline, the dancer will be removed from Aspire Dance Studio. Additionally, a \$25 late fee will also be placed upon any account with tuition not paid within this 7 day time period. It is the responsibility of the client to inform Aspire Dance Studio of any expired cards, changes in card numbers, lost or stolen cards, etc. Aspire Dance Studio will not relinquish the payment responsibility of the dancer's guardian's for any reason, nor will they authorize extended late payment plans. If an account remains unpaid for 30 days, the appropriate collections agency will be contacted. Aspire Dance has a 30-Day Cancellation Policy. Aspire Dance does not pro-rate tuition for missed classes.

Aspire Dance Studio does not issue refunds.

Name on Card_____

Card Number_____

Exp. Date____/____ **3 Digit Security Code**_____

Billing Address: Street_____

City_____ **St**_____ **Zip**_____

Aspire Dance Studio, LLC REGISTRATION FORM 2017-2018

AGREEMENT:

Please sign below, acknowledging that all information provided above is correct, and you are in full understanding that Aspire Dance Studio, LLC is not responsible for any injuries or lost or stolen property. By signing below, you are agreeing to the ASPIRE DANCE STUDIO PAYMENT POLICY and authorizing payments to Aspire Dance Studio, LLC. By signing below you are also acknowledging and agreeing to adhere by all of Aspire Dance Studio's Policies and Rules. The Policy and Rule forms are available at Aspire Dance at the front desk.

Parent/Guardian Signature or Dancer signature (if over 18):

_____ **Date:** _____

WAIVER:

As the legal parent or guardian (if dance is under 18), or the dancer (if the dancer is 18 or older), I release and hold harmless Aspire Dance Studio, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Aspire Dance Studio, its owners and operators or in route to or from any said premises.

Parent/Guardian Signature or Dancer signature (if over 18):

_____ **Date:** _____

Welcome to Aspire Dance Studio!