

DANCE UNLIMITED

Student Registration Form 2017- 2018

Student's Name _____ Date of Birth (if under 18): _____

Address: _____ Grade 2016-17: _____

City: _____ State: _____ Zip: _____ Home Phone #: _____

Parent's Name: _____ Email (REQUIRED) _____

Parent Cell #1: _____ Parent Cell # 2: _____

Please advise us of any medical conditions that may affect the student's participation:

Policies: First month's tuition must be paid with registration to ensure a place in class. Tuition is non-refundable but may be transferred if your child moves to a different class. A \$35 fee will be charged for all NSF funds. Refunds are not given for missed classes. Makeup classes are allowed, please contact studio for availability. Class size is limited, students are accepted in order of registration. Dance Unlimited has the right to cancel a class with fewer than 8 students registered. Dance Unlimited and its entities are not responsible for loss, damage, or physical injuries sustained on premises. Dance Unlimited may use pictures of the above student for advertisement and promotional purposes.

Agreements for Participation:

I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, tumbling, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury. I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable.

Signature: _____ Date: _____

Please list the class(es) you wish to enroll in.

Class Title	Day	Time	Tuition	Class Title	Day	Time	Tuition
1.			\$	4.			\$
2.			\$	5.			\$
3.			\$	6.			\$

First 3 classes per dancer are full price. Each additional class is 50% off. Not transferable or sharable.

Sibling Discount: 10% discount (up to 3 classes per dancer)

MONTHLY SUB-TOTAL: \$ _____

Optional: Annual tuition. Save 5% \$ _____

Registration Fee: \$ \$25

TOTAL: \$ _____

Payment Options:

Payment by Credit Card

I would like an automatic monthly charge to my card: \$ _____

I would like one charge to my card for annual tuition (5% disc): \$ _____

Credit Card# _____ Exp. Date _____

Visa or Mastercard (circle) 3-digit Code _____

Name on Card _____

Payment by Check

I will make monthly payments on or before the first day of my child's class each month. I understand that late payment will incur an additional \$15 charge for each instance, NO EXCEPTIONS.

Please note: If your account is more than one month overdue, your child will not be allowed to participate in class.

Mail form with payment (cash, check or Credit card #) to:

Dance Unlimited

St Louis Park studio: 6900 Oxford Street, Saint Louis Park, MN 55426

Long Lake studio: 2365 Wayzata Blvd W. Unit A, Long Lake, MN 55356

Monthly Tuition Rates:

* 45 minute classes: \$45

* 60 minute classes: \$49

* 75 minute classes: \$56

Costume Fees:

Preschool - 1 costume: \$62

K-1 Ballet, Tap & Jazz- 2 costumes: \$110

Gr. 2-3 Ballet, Tap & Jazz- 2 costumes: \$120

Gr. 4-5 Ballet, Tap & Jazz- 2 costumes: \$120

Gr. 2-5 Optional classes: \$55

Boys Hip Hop \$65

Grades 6-8* \$70 per costume

Grades 9-12* \$75 per costume

Adults \$80 per costume

Competition Team \$80 per costume

Costume Fees are due November 1st

DANCE UNLIMITED

Waiver Form

I _____, parent of _____ (child's name if under 18), for myself or for my child, have agreed to participation in Activity through Dance Unlimited.

Acknowledgment is hereby made that participation will include risks involved in participating in Activity. I am voluntarily participating in Activity and I agree that I am qualified, in good health and in proper physical condition to participate in such Activity. I agree that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in Activity. It is my responsibility to consult with a physician to determine if any medical condition exists and, if so, whether such condition poses a direct threat to the health or safety of myself or others.

I **Agree** to release and discharge Dance Unlimited, and all Releasees listed below, from any injuries sustained by me as a result of participation in this program. I Agree that if I engage in Activity, I do so at my own risk. This includes, without limitation, use of any space within Dance Unlimited, performance location, or equipment in either facility. I agree that I am voluntarily participating in these activities and using these facilities and assume all risk of injury, illness, damage or loss to myself or my property that might result, including any loss, damage or theft to personal property. I agree to release Dance Unlimited, its owner, directors, instructors, students, volunteers, and all others (Releasees) from any and all claims or causes of action, known or unknown, arising out of any negligence. This Waiver and Release of Liability includes, without limitation, injuries which may occur as a result of (1.) use of any equipment or facilities which may break or malfunction. (2.) improper maintenance of any equipment or facilities, (3.) negligent instruction or supervision. (4.) falling or slipping while at the facility, including outside. I acknowledge that I have read this Waiver and Release of Liability and fully understand that it is a release of all liability. I waive any right that I may have to legal action to a claim against Dance Unlimited and Releasees for any negligence.

I **Understand** that tuition is non-transferable and non-refundable. A \$35 fee will be charged for NSF checks. I Understand that Dance Unlimited has the right to cancel a class with low enrollment. I Understand that I am registering for the nine month school year and Understand that I will need to provide a 30 day written notice if I choose to cancel my enrollment.

The undersigned agrees to all items above, and agrees to hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever.

Signature of Participant or Parent _____

Date _____
