# The Dance Annex

## **Studio for Dance Arts** Student Registration Form 2015-2016

Student Name (first &last):			
Grade: Date of birth:			
Parents/Guardians name			
Address:			
City/Town:	State:	Zip:	
Home phone #			
Parent Cell #:			
Parent Cell #:			
Email address:			
Please advise us of any/all conditions that may affe	ect the student's participa	ation:	
Emergency contact other than above:			
How did you hear about us?			

#### Agreement for Participation and Waiver of Liability

The Dance Annex takes the utmost care of all students during class, however, there are possibilities of an accident occurring. In order to deal with any type of emergency, we require all parents or guardians to sign this consent and emergency release form.

I understand that dance classes may include, without limitation, stretching, barre work, across the floor combinations, dance routines in the center, use of props 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 certify that my child is in proper physical condition to take part in any dance activities with **The Dance Annex**. Initial

I hereby release and hold harmless The Dance Annex, their teachers and directors from and against any liability or claim for any loss of property, misadventure, harm, cost or damage sustained as a result of my child's participation in The Dance Annex classes and activities.

I give permission to use this dancers photo/video/image for the benefit of The Dance Annex for all promotional purposes and programming materials. Initial

If the participant is a minor, I agree that the minor has my consent to participate in the classes or events. I further provide my consent for the organization or business named above to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

By Signing below, I assume any risk of harm or injury which might occur to the participant due to their participation in the event or activity. I release the organization or business named above from all liability, costs and damages which might arise from the participation in the event or activity

I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Parent/Guardian Signature: \_\_\_\_\_

Date

### **CLASS REGISTRATION FORM Please list the class(es) you wish to enroll in.**

	Class & Level	Age Group	Day/Time/Teacher	Tuition Due
				(see below for cost, list 'full' session price)
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$

SUB-TOTAL: 15% discount if taking 4-5 classes/wk (multiply by .15): 20% if taking 6-7 classes/wk (multiply by .20): (See director for 7+ classes/week)	\$ - \$() - \$()			
SUB-TOTAL:	\$			
Payment schedule (See tuition below) circle: Monthly, Tri monthly				
Amount due for first class payment	\$			
Registration Fee:	\$\$15 (\$25 family)			
TOTAL DUE AT REGISTRATION:	\$			
Amount Paid :	\$			
Payments by check or cash only. No Refunds.	\$			

	based on a 24 was	<b><u>CLASS TUITION</u></b> ased on a 34 week session, September to June, with one snow week built in.				
Payments	Full	Half	Quarter	Monthly		
Creative Dance/Kidancery	\$75 per six	\$75 per six week session (no recital)				
30 minute class (eg. pointe)	\$272	\$136	\$68	\$30		
45 min-1hr class	\$421	\$210	\$105	\$47		
1.25-1.50 hr class	\$512	\$256	\$128	\$57		
Student Company Rehearsal	TBD					

#### Payment

9 Payments (monthly installments starting at registration, due on the 1<sup>st</sup> of each month, Sept.-May))
3 Payments (Sept. at registration, Dec. 1, March 1. Each installment equal to 3 months of tuition.)

If tuition is not received within 5 days of the due date, payment is subject to a \$10 late fee.

FOR OFFICE USE ONLY:									
SF	EP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
	#1		#2	#3 _		#4	#5 _		#6