



## PAYMENT CONTRACT

I understand that I have entered into a payment obligation for the period in which I am enrolled in the dance program at *Bravo! School of Dance*. I understand that my total yearly tuition has been divided into monthly payments that are due by the 1<sup>st</sup> of the month. If payment is not received by the 5<sup>th</sup> calendar day of the month, my account will be charged a \$15 Late Fee. If I terminate my enrollment at any time during the dance program, I must sign a Drop Class Form or I will be liable to pay for all classes in which I am enrolled in at that time, even if I have not been attending class.

If I choose, I may pay the remaining balance of my total tuition in advance at any time during the dance program. By doing this, I understand that my tuition payment is non-refundable.

If I am unable to continue classes or must take a leave of absence from classes at *Bravo! School of Dance* due to injury, I am responsible to supply a medical note from my physician in order to receive a refund.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Parent/Guardian signature for persons under age 18)

STUDENT NAME \_\_\_\_\_

## LIABILITY DISCLAIMER

*Bravo! School of Dance* and/or its instructors are not liable for personal injuries occurring during class time, rehearsals, dance conventions, competitions or performances on or off the premises. Students and/or parents are individually responsible to inform the instructor or the studio of any physical limitations which may prevent full participation in studio activities. I further understand that *Bravo! School of Dance* and/or its instructors are not liable for loss of or damage to personal property.

I further give *Bravo! School of Dance* and Kristin Garland Photography permission to capture and publish my photograph in printed publications, advertisements or on the *Bravo!* website without compensation or right to ownership.

I understand and agree with *Bravo! School of Dance's* policies.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Parent/Guardian signature for persons under age 18)

STUDENT NAME \_\_\_\_\_



**For Office Use:**

Date:  
Registration Form Rc'd:  
\$25 Registration Fee Rc'd:  
1st Month's Tuition Rc'd:  
Signed Waiver:  
**Balance Due:**

**Registration Form**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Address (for updates, receipts, etc.): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
(other than parent)

Medical Conditions/Allergies: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Class #1 Day/Time \_\_\_\_\_

Class #2 Day/Time \_\_\_\_\_

Class #3 Day/Time \_\_\_\_\_

Class #4 Day/Time \_\_\_\_\_

Class #5 Day/Time \_\_\_\_\_

Class #6 Day/Time \_\_\_\_\_

Class #7 Day/Time \_\_\_\_\_

Payment Method (Check One):  Cash  Check  Credit Card (MC or Visa)

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Sign Up For Auto Pay: ( Y/N)**

By checking the box I authorize Bravo! School of Dance to charge my credit card in the amount of \$ \_ \_ on the 1st of the month from now until the end of the Dance School Year. I understand that my 1st month's tuition and Registration Fee will be charged at the time of enrollment.