

## 2020-2021 Registration Form August 31st, 2020-August 13th, 2021

Dancer Name:							
Age (As of Sept 1, 2020): DOB:							
Medical/Allergy Info:							
Parent/Guardian Name:							
Address:							
City	7	State:		Zip:			
Phone: Cell			Home				
Parent Email:							
Emergency Contact: Other than above parent  Phone Number:							
Emergency Contact Relationship:							
How did you hear about Dance Institute?							
Classes Registering For: (Please list class name, day, and time)							
	Class Nam	ie	Day/Time	Cla	iss Name	Day/Time	
•	1.			6.			

Please check level placement before registering.

7.

8.

9.

10.

Only fill out if you don't already have a cc on file.
This section will be discarded after registration is processed. **PAYMENT METHODS** 

Please Circle One

**CHECK** (\$10 processing fee) **CC** (By placing a card on file you consent to Auto-Pay) **CASH** 

**Card Holder Name** (As it appears on card):

2.

3.

4.

5.

**Billing Address** (If different than primary address):

Card #: Exp. Date:

## **POLICIES & PROCEDURES**

## By registering my child in Dance Institute, I consent to the following:

## Initial next to each item.

•	I acknowledge that Dance Institute is a year-round school (September <sup>8th</sup> , 2020 - August 13 <sup>th</sup> , 2021),
	and have read and acknowledged the WITHDRAW/ CANCEL policy. I understand the process and
	dates of when and how to cancel and withdraw from classes.
•	I have read and acknowledge the details and process of PAYMENT & TUITION.
•	I have read and acknowledge the process needed to ADD/DROP a class. I understand this process
	must be done by the 15 <sup>th</sup> of the month, and if not completed by the 15 <sup>th</sup> I am responsible for the tuition
	of said dropped class for the following month.
•	I have read and acknowledge all details regarding Spring Show and the fees that it requires.
•	I acknowledge that all required class dress codes must be observed.
•	Dance Institute reserves the right to combine/cancel classes and provide substitute Instructors at
	any time.
>	I/we realize that participation in dance classes and activities could involve some possible personal injury.
	Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the dancer
	and parent/guardian) assume all risks related to the use of any and all spaces used by Dance Institute.
>	I/We agree to release and hold harmless Dance Institute, including its instructors, dancers, staff
	members, and facilities used from any cause of action, claims, or demands now and in the future. I/we
	will not hold Dance Institute liable for any personal injury or any personal property damage, which may
	occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and
	facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause
	to the facilities utilized by Dance Institute.
>	By enrolling in Auto-Pay, I/we authorize Dance Institute to charge the credit card on file for any incurred
	fees. A valid credit card must remain on file with Dance Institute. Monthly tuition payments will be
	charged the first day of each month.
I/we I	nave read and agree to all provided terms and policies listed above and in "Policies & Procedures".
Signa	ture of Parent/Guardian Date