

2021-2022 Registration Form September 7th, 2021-August 25th, 2022

Dancer Name:		Age:	DOB:	
Medical/Allergy Info:				
Parent/Guardian Name:				
Address:				
Address.				
City: St	ate:	Zip:		
Phone: Cell	Home			
Parent Email:				
Emergency Contact: Other than above parent		Phone Numb	oer:	
Emergency Contact Relat	ionship:			
	egistering For: (Pleas		-	
Class Name	Day/Time	Class Na	me	Day/Time
		6.		
2.		7.		
3.		8.		
4.		9.		
5.		10.		
Ple	ase check level place	 ement before red	aisterina.	
This section	fill out if you don't a on will be discarded a PAYMENT I Please Cii	fter registration	is process	sed.
•		placing a card o	n file vou d	consent to Auto-Pa
zard Holder Name (<i>As It app</i>	essing fee) CC (By	placing a card o	n file you d	consent to Auto-Pa
Card Holder Name <i>(As it app</i> Billing Address <i>(If different t</i> Card #:	essing fee) CC (By pears on card):	-	n file you d	consent to Auto-Pa

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 7 th , 2021 - August 25 th ,
	2022), 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 th of the month, and if not completed by the 15 th 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 h	nave read and agree to all provided terms and policies listed above and in "Policies & Procedures".
Signa	ture of Parent/Guardian Date
Jigila	ture of Parent/Guardian Date