



**2022-2023**  
**Registration Form**  
**September 6<sup>th</sup>, 2022 - August 24<sup>th</sup>, 2023**

Dancer Name:  Age:  DOB:

Medical/Allergy Info:

Parent/Guardian Name:

Address:

City:  State:  Zip:

Phone: Cell  Home

Parent Email:

Emergency Contact:  Phone Number:   
***Other than above parent***

Emergency Contact Relationship:

How did you hear about Dance Institute?

Classes Registering For: (Please list class name, day, and time)

Class Name	Day/Time	Class Name	Day/Time

***Please check level placement before registering.***

*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*

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

Card Holder Name (As it appears on card):

Billing Address (If different than primary address):

Card #:  Exp. Date:  CVV:

# 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 6<sup>th</sup>, 2022 – August 24<sup>th</sup>, 2023) 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 have read and agree to all provided terms and policies listed above and in “Policies & Procedures”.***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date