

Dancer Name:			Age:		DOB:	
Medical/Allergy Info:						
Parent/Guardian Nam	e:					
Address:						
City:	State:		Zip:			
Phone: Cell		Home				
Parent Email:						
Emergency Contact: Other than above parent			Phone Nu	mber:		
Emergency Contact R						

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			
	5.		57			
Plazza chack loval placement before registering						

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 (<i>As it appears on card</i>):							
Billing Address (If different than primary address):							
Card #:	Exp. Date:	CVV:					
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 7th, 2021 – August 25th, 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 15th of the month, and if not completed by the 15th I am responsible for the tuition
 of said dropped class for the following month.
- ____ 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".