**Dance Registration Form**

*\*For office use\**

**Dancer’s Full Name:**

(As you want to appear on recital shirt)

Date of Birth: Age (as of Sept 2023):

Please list any medical concerns/conditions/allergies:

Previous Dance Experience:

**Parent/Guardian**

Name

Mailing Address

City Zip Code

Cell Phone Number ( ) Home Phone Number ( )

Work Phone Number ( ) Email

**Emergency Contact**

Name Relation to Student

Phone Number ( )

**How did you hear about Elite Dance Center?**

**CLASSES ENROLLED IN AND TUITION FEES:**

CLASS NAME DAY/TIME MONTHLY TUITION

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

+$25 Individual/$40 Family Reg Fee

Total Tuition Due: $\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY:**

Paid by: Cash \_\_\_\_\_ Check Number\_\_\_\_\_\_\_\_ Credit\_\_\_\_\_\_\_\_



***Please Read/Sign and Return***

**COMPLETION OF PROGRAM AND RECITAL**

I understand that students are encouraged to participate in the full dance season that runs from September to June and in the recital at the end of the year. A costume is required for recital and the first deposit is due October 2nd, 2023. If I do not wish for my child to partake in recital I must notify Elite Dance Center in writing before December 1, 2023. Costume deposits are non-refundable, I know that I am responsible for payment in the event I change mind at a later date. As always, Ms. Amanda chooses affordable costumes. I also understand the importance of my child staying for the recital and completing finale.

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

**MEDICAL RELEASE**

In the event you are unable to reach me, in the case of accident or injury, I give my permission for treatment as deemed necessary by staff or emergency personnel. I also release Elite Dance Center and its staff of liability in case of injury or accident incurred to:

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

**TUITION**

I understand that I am making the commitment for a full season, which includes 9 monthly payments for tuition. If I decide to go on vacation, whether short or long, I am responsible to pay tuition as my child is taking a place in class that otherwise could go to another. I agree that credit is given in the form of a makeup class and will fulfill my commitment to pay tuition. I will treat it just as I would a car payment, school tuition, gym membership etc. I will not ask for tuition to be paused and understand I can take advantage of make up classes.

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

**STUDIO INFORMATION AND POLICIES**

I have read and understand all additional studio information and policies including monthly fees, insurance, bad weather/holiday policies, attendance, practice wear, photo release and recital costume requirement.

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

**COVID-19/SICKNESS**

By signing below I understand/agree that Elite Dance Center and staff cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each participant or staff member. I also understand that circumstances may arrive due to Covid, such as virtual dance classes. In the event the studio needs to go virtual no refunds will be given.

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