



MB: \_\_\_\_\_

# FALL 2017-SPRING 2018 REGISTRATION FORM

**STUDENT INFORMATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Female       Male

**PARENT INFORMATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**\*\*Email is the primary form of studio communication with parents. Please add your address if you wish to be added to our mailing list.\*\***

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Please list all medical conditions and/or allergies including current medication. Also, list any learning or other special considerations/circumstances of which Danceology should be made aware: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT DANCEOLOGY?:** Facebook Flyer School Website Google Newspaper Magazine Returning Student Advertisement: \_\_\_\_\_ **Another Client:** \_\_\_\_\_

**DPAC STUDENT REGISTRATION**

Dancer's Name: \_\_\_\_\_

Registration Date: \_\_\_\_\_

CLASS	DAY	TIME	INSTRUCTOR	HRS/WEEK

**TOTAL HRS/WK:** \_\_\_\_\_

# REGISTRATION FEE/AUTOPAYMENT & LIABILITY WAIVER

**REGISTRATION FEE: \$35/STUDENT**

## AUTOMATIC PAYMENT CALCULATION

MID MONTH MEMBERSHIP: \$ \_\_\_\_\_ COVERS \_\_\_\_\_ THRU \_\_\_\_\_

Equal Monthly Automatic Payments: \$ \_\_\_\_\_ **START MONTH:** \_\_\_\_\_ **END MONTH:** \_\_\_\_\_

## CREDIT CARD AUTOPAY AUTHORIZATION

*I authorize Danceology to perform scheduled electronic debits from my account below for payments due. I understand the dollar amount can vary based on services performed.*

\_\_\_\_\_  
NAME ON CARD

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
EXP. DATE

## FINANCIAL INSTITUTION ACCOUNT AUTHORIZATION

*Enter financial institution account (ACH) information below, or provide a voided check if you do not wish to provide a credit card.*

\_\_\_\_\_  
NAME ON ACCOUNT

\_\_\_\_\_  
ROUTING NUMBER

\_\_\_\_\_  
ACCOUNT NUMBER

I HAVE READ DANCEOLOGY'S TUITION POLICIES AND AGREE TO THE PAYMENT TERMS: I am aware that if I am choosing to register for the session per full session payment, I UNDERSTAND THAT PAID TUITION WILL NOT BE REFUNDED. I understand that if I am choosing the installment per automation payment, a two week's WRITTEN notice prior to terminating enrollment is required or TUITION WILL BE BILLED. A cancellation notice must be submitted and can be printed from our website or picked up in studio. I understand that Danceology has the right to refuse service to me & terminate my child's enrollment if I cause a disturbance to the business.

**DANCEOLOGY WILL NOT TAKE VERBAL CANCELATIONS!**

\_\_\_\_\_  
**SIGNATURE OF PARENT/LEGAL GUARDIAN**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DANCEOLOGY REPRESENTATIVE

\_\_\_\_\_  
DATE

## STUDENT LIABILITY WAIVER

Danceology, Inc., is hereafter referred to as "DI" and \_\_\_\_\_, is hereafter referred to as "Dance Student." The following is hereby agreed upon. In consideration of being allowed to participate as a student in any way in one or more dance or exercise programs, its related events and activities (such workshops, events, and activities are collectively referred to herein as the "Program" ), I, the above referenced Dance Student, acknowledge, appreciate, and agree that:

1. I am an adult over 18 years of age (or, if a child under 18 – see below), and understand the inherent risks, typical hazards, and potential consequences associated with dance or exercise; and

2. The risk of injury from the activities involved in the Program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and

3. I further understand that some of those risks include, but are not limited to, incidents which may cause one to fall and that DI may not have any control over such events. I also understand that injuries may be caused by my own behavior, conduct, or lack of skill; and

4. I fully understand and am knowledgeable of these risks and hazards of dance courses. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF others, and assume full responsibility for my participation; and

5. I willingly agree to comply with the stated and customary terms and conditions for participation in the Program. If, however I observe any unusual significant hazard during my presence or participation I will remove myself from participation and bring the hazard to the attention of the nearest official DI immediately; and

6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS DI and its officers, officials, agents, employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Program, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF MYSELF OR THE ABOVE CORPORATION, INDIVIDUALS, OR PARTIES, to the fullest extent permitted by law.

7. I AM INFORMED AND AM AWARE OF ALL THE TYPICAL DANCE COURSE HAZARDS AND ASSOCIATED RISKS AND WISH TO OBTAIN IN DANCE INSTRUCTION FROM DI AND MYSELF (OR MY CHILD, IF APPLICABLE) DESPITE THESE HAZARDS AND RISKS. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

## PARENT OR GUARDIAN CONSENT & APPROVAL:

I am the parent or legal guardian of the above Dance Student under age 18. I have read and approved of all the foregoing and agree to bind myself, my spouse (if any) and the above referenced child to the terms of this liability waiver. My signature below shall be considered to be an acknowledgement of my signing this liability waiver agreement in my own capacity and in my capacity as parent or legal guardian of the Dance Student. I also agree the DI should not be responsible for the safety and well being of Dance Students who leave DI's premises before, during, or after their scheduled class period(s). The parent or legal guardian understands and agreed DI is not a day care center.

\_\_\_\_\_  
**SIGNATURE OF PARENT/LEGAL GUARDIAN**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT PARENT/LEGAL GUARDIAN'S NAME

\_\_\_\_\_  
RELATIONSHIP