



Registration Form

Complete form and mail along with \$25 per family registration fee

Student's Name: _____ Birth Date: _____ Age as of 9/1/14: _____
 Parent Name: _____ Cell Phone: (_____) _____
 Home phone: (_____) _____ Work Phone: (_____) _____
 Email: _____
 Home Address (Street, City and Zip): _____

Emergency Contact _____ (relationship to dancer): _____

Emergency Contact Phone #: (_____) _____

Please list any Medical and/or Physical Conditions that may effect your dancers participation: _____

Please note Days and Classes below

Day	Time	Class	Hours per week

Payment/Refund Policy

I understand that tuition payments must be made monthly and that tuition is due by your dancer's first class during the month. I understand that if tuition is not paid by the 10th of the month a \$25.00 late fee will be added to my account. Tuition payments can also be made in our office with a credit card for a 5% service charge. Customers can check their balance at any time by calling or stopping in the office where a statement will be provided. A \$25.00 service fee will be charged for all returned/bounced checks. I understand that there are no tuition refunds for classes - this includes classes your dancer is scheduled to attend but is absent from, classes that are cancelled due inclement weather, and classes that your dancer does not participate in due to injury, illness or any other condition. There are no refunds for registration fees.

I've read the above and agree.

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Withdrawal

Tuition will be calculated based on a 36 week program. I understand that additional fees such as costumes or Performance Company costs will be added to my account when applicable. I understand that I am able to check my balance at any time by calling or stopping by the office. Adding or dropping classes must be done with teacher approval and an "add/drop class" form must be completed and signed by a teacher before your account can be adjusted. Accounts and unpaid balances that are more than 60 days past due will be submitted to a collections agency. I understand that New England School of Dance will not be responsible for any attorney or collection fees arising from our efforts to collect unpaid balances.

I've read the above and agree.

Medical Emergency

I give permission to New England School of Dance and it's owners and operators the consent to any reasonable medical treatment deemed necessary by a licensed physician in the event that the participant is injured while at New England School of Dance and we are unable to reach a parent or guardian. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance carrier. I agree that New England School of Dance will not be responsible for the cost of any medical care or medical reimbursements.

I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.

I've read the above and agree.

Photography Consent

New England School of Dance uses photography on our website, newsletters, social media, videos, brochures and other marketing material. I/we agree that New England School of Dance may use your child's photo (from class photos, recital images etc.) for these purposes unless we are notified in writing that we may not. Students are free to refuse to be photographed.

I've read the above and agree.

Medical History

I hereby declare any physical/mental problems, restrictions, or conditions, as listed on the front of this form, and/or declare the participant to be in good physical and mental health

I've read the above and agree.

Class Placement & Class Rescheduling

I understand that New England School of Dance reserves the right to change the 2014-2015 class schedule at any point and will notify students and parents of these changes. I understand that students will be placed in the appropriate class for their age and level by our instructors and Director. New England School of Dance asks that you respect our Directors decision regarding class placement as it is important to us that students of all ages and levels have a positive dance experience.

I've read the above and agree.

Signature

As the parent/legal guardian, I have read the rules and general information on this document and agree to abide by them. I release and hold harmless New England School of Dance and its employees, owners, participants, subcontractors and volunteers from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of New England School of Dance and its employees, owners, participants, subcontractors and volunteers or in route to or from any of said premises. I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable.

I've read the above and agree.

Date: _____ Signature: _____