

# SEASON 4 RECREATIONAL REGISTRATION FORMS

Please turn in the following forms before your dancers first day of Season 4!

## DANCER INFORMATION – One form per student

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Medical Conditions: Yes No

If yes, please explain: \_\_\_\_\_

## PARENT INFORMATION

| Name | Relationship to Dancer | Cell Number | Email Address |
|------|------------------------|-------------|---------------|
|      |                        |             |               |
|      |                        |             |               |
|      |                        |             |               |
|      |                        |             |               |

## EMERGENCY CONTACT INFORMATION (Other than Parents)

| Name | Relationship to Dancer | Cell Number | Email Address |
|------|------------------------|-------------|---------------|
|      |                        |             |               |
|      |                        |             |               |

Please tell us how you heard about Studio H Dance Company:

Drive By      Internet      Performance      Advertisement

Referred By: \_\_\_\_\_

Other: \_\_\_\_\_

I, the participant, am freely signing this agreement. I certify that I have read through the entire information packet, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract, and that I am signing it of my own free will.

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

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

**Studio H Dance Company's payment system is Auto-Pay to make paying tuition as convenient as possible. Never have to worry about forgetting to pay the bill and be sure your shining star can always dance!**

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

I, \_\_\_\_\_, authorize Studio H Dance Company to charge my card for the amount of my full balance on the twentieth of each month.

**Please initial next to each statement and submit the form to be signed up for Auto-Pay.**

\_\_\_\_ I understand that I must have a valid card on file at all times. I understand it is my responsibility to update timely.

\_\_\_\_ I understand in the event my card is declined, a \$20.00 late fee will be assessed and any other applicable late fees, debt collections, and dismissal from class will apply.

\_\_\_\_ I understand I will be notified promptly if my card is declined.

\_\_\_\_ I understand if I would like a copy of my statement for tuition, I can email the studio and request one.

\_\_\_\_ I understand my account information is kept secure and only the studio owner has access to my information.

\_\_\_\_ I understand if I wish to pay my tuition payment in another way other than Auto-Pay, I can pay by cash, check, or an alternate card as long as it is by the due date. If I do not make payment by one of those methods, Auto-Pay will continue and be withdrawn after the five-day grace period.

\_\_\_\_ I understand if my child wishes to drop a class or stop dancing all together, I must contact Miss Hayley directly two weeks in advance.

Auto-Pay Agreement Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

We will keep the following credit card information on file to pay your tuition. Please fill in each blank:

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_ CVV: \_\_\_\_\_

Type of Card: VISA MC AMEX DISC

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

### PARENT / GUARDIAN FOR MINORS

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian Name: \_\_\_\_\_

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

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

### PHOTO RELEASE

I give full rights to Studio H Dance Company and its staff to use photos and video images of me or my child to use for promotional purposes of Studio H Dance Company. Photos and video will be used in brochures, websites, advertisements, social media, and other promotional material created by the studio. Photos may appear with or without names in press releases and other print advertising. I have read, understand, and agree to the above stated photo release.

Participants Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

## WIAVER AND RELEASE OF LIABILITY

I, the undersigned give permission to Studio H Dance Company LLC, its directors, officers, employees, and volunteers to seek medical treatment for the participant in the event that they are not able to reach a parent, guardian, or emergency contact. I also agree that I will be responsible for any financial debt incurred by said action. I have declared on this form any physical/mental disabilities, limitations, restrictions, or condition and/or declare the participant to be in good physical and mental health.

I understand and agree that in participating in any dance class, workshop, rehearsal, performance, or any activity held by Studio H Dance Company there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of Studio H Dance Company's classes, rehearsals, performances, or activities. I also exempt, release, and indemnify Studio H Dance Company, its owners, agents, volunteers, assistants, employees, contractors, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Studio H Dance Company. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Studio H Dance Company, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

I have read, understood, and agree to be bound by the above statements.

Participants Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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