



Registration

Student name _____

Age as of October _____ Date of Birth _____

Address _____

Mailing Address (if different) _____

Student Phone _____ Work _____ Cell _____

Mother/Guardian _____ Phone (H) _____

Work _____ Cell _____

Father/Guardian _____ Phone (H) _____

Work _____ Cell _____

Email Address _____

Emergency Contact _____ Phone _____

(Other than parents)

School and grade as of this October of dance season _____

Health concerns we should know about _____

Previous dance training _____

How did you learn about A Time To Dance? _____

Classes I would like to take _____

Please do not write below dotted line. (Office use only)

\$15 Registration fee _____

Fee per month _____

Payments

Date	Amount	CK/CS	Date	Amount	CK/CS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Waiver **Dancer name (First and Last)** _____

In consideration for taking dance lessons with A Time to Dance and having permission to enter onto the premises of A Time to Dance for such purposes, I hereby waive all claims for damage or loss to my person or property, which may be caused by any act or failure to act by A Time to Dance, its owner, officers, agents or employees, including, but not limited to Catherine Frates, that are conducted as its normal part of business. I acknowledge that there is a risk of bodily injury associated with participation with dance, just as there is with any other similar activities and sports, and I and/or my child assume the risk of any such injury that can or may occur on the premises of A Time to Dance associated with the dance instruction provided by A Time to Dance and its agents or employees. The owner, officers, agents and employees of A Time to Dance will take any and all precautions to provide a safe environment for the dancers, however, the undersigned parent or dancer acknowledge that inherent dangerous conditions exist in and about the premises, such as, but not limited to, flooring necessary for dance participation, and said parent or dancer assume the risk of any injury arising out of such participation and hold A Time to Dance, its owner, officers, agents or employees, harmless from any injury suffered as a normal part of the dance instruction provided by the studio. **Initial** _____

Illness Waiver- It is understood that I will not send my dancer to class if they are showing signs of illness or they are in close contact with anyone who has been very ill. If my dancer is sick, they may participate in class on ZOOM, by contacting the studio to receive the link and will be considered present in class, if on ZOOM. **Initial** _____

Photo/Video Consent- I agree that A Time to Dance may collect and use any photographs or videos of the dancers of A Time to Dance gathered as part of its business as a dance studio for utilization as an advertising tool. Such use may include use in newspapers, magazines, internet or other forms of media for purposes of advertising. **Initial** _____

Payments/Withdrawal policy-I understand that tuition payments are due the 1st of each month and are considered late after the 10th of that month and incur a \$10 late fee that needs to be included with your payment, or will be charged to your account. Payments that are made in check and are returned by the bank, the total for the check and a \$30 returned check fee would be due. If you have 2 returned checks, all payments from that point will be expected in cash. You understand any payments made to A Time To Dance are **non-refundable**. **Initial** _____

Costume Fees- I understand **costume fees** are due no later than Nov. 1. \$10 per week, per costume will be added to any late costume payments. **Initial** _____

Withdrawal- I understand that if I choose to **withdraw my student** from class, one-month notice is to be given, in writing, and payment for that month's installment needs to be made. **Initial** _____

Signed: Parent _____ Date _____

Child _____

