

DANCE CONCEPTS
FALL REGISTRATION

2009/10

FAMILY # _____

STUDENT # _____

Re Registration \$20 _____ **New Student Registration \$25** _____ Pre-Reg Waived _____

Last Name, First , MI _____ **E -MAIL** _____

Additional E-MAIL _____ (All statements and studio notices are sent electronically)

Address _____ City _____ State _____ Zip _____

Guardian _____ Tel Home () _____ Cell _____

Person to notify in emergency _____ (#) _____

Year Started _____ Birthday _____ Age _____ Grade _____ This is my _____ yr in comp

Misc. Info _____ Please note any medical issues.

Classes: Please check off dance form interested in:

Combo Class (Tap/Jazz) (1 Hr) _____ Ballet (1 hr) _____ Hip-Hop (1 hr) _____

Beg Barre (1/2 hr) _____ Int Barre (1/2 hr) _____ Pointe (1/2 hr) _____ Baby Bop (1/2 hr) _____

Tuition Schedule: \$45.00 for first hour, \$15 per additional ½ hr or \$30 per hr (Tuition is monthly)

Number of competitive Groups _____

Family Discounts

Family Discount – (\$ _____)

2 Students - \$15

3 Students - \$20

4 Students – 3 @ full rate, 4th FREE

Total Tuition \$ _____

I plan on using EFT (electronic checking) I plan on paying the year in full by 9/26/09

Solo, Duo, Trio (request only) _____ (Charged pp, by the Class)

Dance Concepts reserves the right to use photo's of students at the studio or in competitive events on it's website, advertisements, articles or any such related material pertaining to dance for publicity.

Any child, while not being under the supervision of an instructor, & participating in "horseplay", acro/gymnastics, non-supervised dance (in any form, inclusive of acro/gym) & Non-Students running, jumping, throwing objects, destructive behavior, etc, will not hold Dance Concepts responsible, should the person be injured, etc.. Dance Concepts reserves the right to ask people to leave the premises, for destructive behavior & interruption of normal business operations. Parents & students will hold Dance Concepts harmless from any injuries on or off the property including all events & will use their private health insurance to pay for any injuries. I understand that costume and competition fees (when applicable) are non-refundable and I am responsible for paying them in full. I will pay my bill in full monthly and realize that all balances must be paid in full by time of recital to participate, should collection/litigation action be needed to collect unpaid balances, I am responsible for all legal fees.

Parent/Guardian signature _____ Date ____/____/____