



2016-2017 REGISTRATION FORM

BASIC STUDENT INFORMATION

Student's Name _____ Date of Birth _____

Mailing Address _____

Guardian Phone _____ Phone 2 _____

Preferred method of contact:

Email: _____

Paper in studio mailbox: _____

MEDICAL INFORMATION

Allergies & Medical Concerns? (If YES, please explain below):

PAYMENT INFORMATION

Pay in Full (to receive 10% off tuition for year)

Pay by month by one of following methods (check one)

Cash (tuition box) / Check (tuition box)

Online payment

Automatic reoccurring online payments

LEGAL RELEASE & POLICY ACCEPTANCE

Since participation in any physical activity includes some element of risk, I release the owner/director/teachers of Florida Dance Workshop from any and all liability of loss, or personal injury that may occur at the Workshop facility, or at any performance venue. If I cannot be reached, in the event of a medical emergency, I give permission for emergency medical treatment. I understand that photos and recordings of participants become the property of Florida Dance Workshop and its director and may, therefore, be used for future publicity.

I understand that a \$15.00 registration fee is due upon registration. I also understand I will receive a monthly invoice by email and in my dance mailbox the first week of each month for 10 months (August to May) and the payment is due upon receipt. I understand that payments are considered late as of the 10th of every month and will occur a \$10.00 late fee for every 30 days past due. I understand that my costume payments will be due in 4 even installments on September 1st, October 1st and November 1st and December 1st and will be included on my invoice for those months. I understand that payments can be made by cash, check (made out to Florida Dance Workshop, LLC), credit card, or online payment. I understand that payments made in person (cash, check) must be submitted in the provided envelope with the attached invoice that was received. I understand that Florida Dance Workshop requires written notice of 30 days or more to stop payment.

I further understand that membership requires following those policies, including given written notice of discontinuation of classes.

Signature _____ Date _____