

DANCERS ONLY STUDIO

REGISTRATION & RELEASE FORM (One Per Student)

Student Name _____ Age _____ Birthdate ____/____/____

Address _____ City _____ Zip _____

Mothers Name: _____ Cell Phone _____ Email _____

Fathers Name: _____ Cell Phone _____ Email _____

	CLASS DAY	CLASS TIME	CLASS DESCRIPTION
1			
2			
3			
4			
5			
6			
7			
8			

- Tuition payments are due the 1st of the month and the cost of classes remains the same whether there are 3, 4 or 5 classes in a month - including Holidays. Tuition is billed September thru June. There are **no refunds** on registration fees, classes, costumes or missed classes.
- Tuition paid after the 10 of the month will be billed a \$20 late fee each month and a \$30 fee will be billed for all returned checks or NSF fees.
- The studio director must be notified immediately via email that a student needs to withdraw from classes immediately or tuition will continue to be billed.
- All accounts not paid in full by the 30th day of the month, may have participation in all classes suspended until the account is paid in full.
- Dancers/parents/guardians/family members may be photographed and/or videotaped at the studio, competitions, annual recital or any other studio related events to be used on Dancers Only Studio's official website or social media accounts for the purpose of advertising and promoting.

By signing this registration form, I understand and agree with all of the above statements and certify that I/my child are in good health and able to participate safely in all activities in which I have registered to participate in at/with Dancers Only Studio. I am also aware of the possible physical injury that may occur during participation in all dance/tumbling classes, drop-in classes, online or outdoor classes, camps, rehearsals or performances and I am willing to assume those risks. I am aware of the inherent risk of exposure to any form of CoVid and other diseases that exist in any public place where people are present, and I am willing to assume those risks. I hereby forever release and hold harmless Dancers Only Studio, its owner, teachers and/or assistants, staff and volunteers from any and all claims of every kind or nature, whether in negligence or otherwise, for any illness or injury sustained while in attendance or participating in any activity associated with Dancers Only Studio.

Parent/Guardian (PLEASE PRINT) _____

Parent/Guardian Signature: _____ **Date:** _____

OFFICE USE ONLY - Monthly Tuition \$ _____ + Reg Fee \$25 Student/\$35 Family = TOTAL AMT DUE \$ _____

First month tuition plus registration fee due to register. Total Paid: \$ _____ CC/Cash/Check # _____ Date: _____

MAIL: Dancers Only Studio, 46784 Hayes Road, Macomb MI 48044 **EMAIL:** danecersonlystudiomi@gmail.com