

B*Dazzled Dancers 2017-2018 Registration

Please fill out one form per child.

Student Name _____ Date of Birth _____

Registration: To register your child, complete both sides of this form and initial each paragraph. Return it to the studio along with registration payment. Registration is **Non-Refundable** and will hold your dancers place in class as long as tuition is paid throughout the Sept 2017-June 2018 season. You may email your forms in if you wish to have registration auto deducted.

Registration is \$100/ for your 1st dancer & \$40 for each additional sibling. Registration includes a **Non-Refundable** June Show performance package which includes a DVD, shirt and trophy for 1st dancer, additional dancers in family will receive a shirt and trophy.** _____ Please initial here to have the registration fee pulled from your credit card listed below** _____

Payments: Tuition will be withdrawn from your checking account or credit card on file the **1st** of each month. Please see tuition chart for rates.** _____

If you wish to pay tuition by cash or check, tuition is due on or before the **1st** of each month. Payments received after the **first** of the month (with the exception of Sept. due 9/5) will be assessed a \$10.00 late fee. A \$20.00 fee will be charged for a returned check. No refunds will be given for any student's absence. Full tuition is due regardless of holidays and closures.** _____

Cancellation: If you should decide to cancel your child's class participation, **provide written notice to B*Dazzled Dancers two weeks prior to the first day of the month.** ** _____

Performances: **Non-Refundable** costume deposits are due by **November 1st** (\$65 per class). Students can only participate in performances with the correct costume. Select B*Dazzled Gypsies team students may be asked to perform in additional shows and/or competitions. Excessive absences, including absences within two weeks of a show, will jeopardize your dancers ability to perform in shows. B*Dazzled Dancers has the right to refuse any students from participating in shows and events. ** _____

Photos: I give permission for B*Dazzled Dancers to take photos of me or my child while participating in B*Dazzled Dancers activities for promotional purposes. Names of students will not be used or disclosed. I understand that for the safety of our dancers and their families, all photos and or videos of B*Dazzled Dances classes, rehearsals and/or performances, including dancers in B*Dazzled Dancers costumes, will not be published or posted publicly, in printed or electronic format, without the express written permission of B*Dazzled Dancers and the Director.** _____

Notifications: All notifications are via email. It is **YOUR** responsibility to notify the instructor if you are not receiving emails. Please confirm your email address _____ . You will receive a welcome email when you register as well as several emails throughout the season.

Agreement: Parent or legal guardian has read all of the above information and agrees upon these terms and conditions.

Signature of parent or Legal Guardian Date _____

Name on Checking Account or Credit Card Account _____

Account # _____ Routing or CVC Code for cards _____ Exp _____

Class Type	Day	Time

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Student Name _____ B*Dazzled Dancers Release Form

RELEASE FROM LIABILITY, WAIVER OF CLAIMS & ASSUMPTION OF RISK

By signing this Release, Waiver & Assumption of Risk, (the "Release") I agree that The B*Dazzled Dancers LLC shall not be responsible for

any injury suffered by the student("student"). The Release extends to the B*Dazzled Dancers Dance Studio, and its owners, instructors and employees (all of which are collectively referred to herein as "studio"). The Release extends to every claim, demand or liability of any kind based on any injury or damage described below.

I understand that dance and tumbling activities as conducted and taught at the studio have inherent risks of injury. These risks include muscle pain and pulls, broken bones, ankle injuries and other personal injury. I recognize that the student is exposing himself/herself to such risks when undertaking dance activities. I understand that these risks cannot be fully eliminated without jeopardizing the essential qualities of the activity. The student and I assume and accept all risks of injury or damages resulting from such dance activities. The student's participation in this activity is purely voluntary, and the student elects to participate, and I join in that election in spite of the risks.

I also agree that the studio, including its owner, instructors and employees, is not responsible for any property loss or damage suffered by the student or any guests or parents of the student that results upon entry into or presence in the studio or its surrounding property.

I further understand that I have been advised on the need for the student to be covered by adequate insurance to cover any injury or damage that may be suffered while participating, and I have obtained such insurance or have agreed to bear the costs of any such injury or damage myself.

I understand the terms of this Release and have had the opportunity to consider and discuss it with such individuals and advisors as I deem appropriate. By signing and dating this Release, I confirm that I have read the Release in full, that I understand its terms and that I agree with those terms. I further confirm that by signing this Release, I acknowledge that if the student is hurt during participation in this activity, I may be found by a court of law to have waived my right and any right of the student to maintain a lawsuit against the studio on the basis of any claim which is released hereby. In consideration of the student's being permitted by the studio to participate in the activities provided by the studio, I further agree to hold harmless and indemnify the studio from any and all claims which are brought by or on behalf of any student who is a minor and which are in any way connected with the activities performed at the studio by any such minor student.

Parent Name: _____ Parent Signature: _____

Address: _____ City: _____

Phone: () _____ Cell: () _____

E-mail(Print Clearly, this is how all notices are sent!) _____

Emergency Contact Name & Phone Number (please print): _____

Physician's Name & Phone Number: _____

How did you find out about B*Dazzled? Internet Search _____ Drive By _____ Other _____
Referred by B*Dazzled Student (if yes who?) _____