



STUDENT REGISTRATON

Student's Name: _____
 Age: _____ Male/Female: _____ Date of Birth: ____ / ____ / ____
 Are you a returning Footworks student (Y/N)? _____ Years dance experience: _____
 E-mail address: _____
 How did you hear about us? (circle) WO TIMES-SW BULLETIN-FAMILY MAGAZINE-SCHOOL-REFERRAL(_____) _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Student's School: _____ Grade: _____
 Parent or Guardian Name: _____
 Address, City, Zip (if different): _____
 Home Phone: _____ Mobile Phone: _____
 Emergency Contact: _____ Phone: _____
 Medical conditions / allergies: Yes _____ No _____
 If yes, please explain: _____

I, as parent/guardian with legal responsibility for the participant, understand and am aware that participation in any physical activity involves risk and possible injury. I knowingly assume all such risks and do not hold Footworks Dance Studio, Inc., its owners, or its staff members responsible for injuries or medical expenses incurred by the participant or myself. I authorize Footworks Dance Studio staff to secure any emergency medical treatment the participant might need. I do not have, nor does the participant have, any physical, mental, or emotional problems, which have not been noted on the registration form, that would interfere with participation in this program. I acknowledge that I have read, understand, and accept the Footworks Dance Studio policies, dress code, and tuition payment options in the registration packet and have reviewed this information with the participant.

Parent/Guardian's Signature: _____ Date: _____

2017-2018 Session - Class Registration Form

| Class Type | Age Level | Day | Time |
|-------------------|------------------|------------|-------------|
| <u>DANCER 1</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| <u>DANCER 2</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Payment Method: Full session payment Half-session payment 10-month payment plan

Signature: _____ Date: _____



PAYMENT POLICY

Registration Fee

- There is a registration fee of \$35.00 per child or \$50.00 per family
- Registration fees are non-refundable and non-transferable

Tuition

- Tuition is a monthly flat rate.
- All accounts must be paid-in-full by April 21, 2018 to receive costumes the following week in class.
- Tuition is due on the 1st of each month, and is late if not paid by the 5th of each month.
- A late fee of \$10.00 will be charged for tuition received after the 5th of each month.
- If you fail to pay your tuition by the 5th of the month, your credit card on file will be charged for the past due tuition, as well as a \$10.00 late charge.
- A credit card must remain on file at all times.
- Debit cards are accepted but Footworks is not responsible any overdraft fees that you might incur as a result of a Footworks charge.
- Tuition can be paid at the front desk, or you may choose the auto pay program where your credit card on file will be charged on the 1st of each month.
- If paying by check, please write the student's name on the check for verification.
- Tuition is non-refundable and non-transferable even if your child does not complete the month.
- A \$30.00 service fee will be charged for all returned checks.

Payment Options

There are (3) options for payment of tuition:

- 1) **Full session payment** – one payment due at the time of registration. A 10% discount will be given for this choice of payment.
- 2) **Half session payment** – two payments, the 1st due at time of registration, and the 2nd due February 1st.
- 3) **Ten month payment plan** – payment due the 1st of each month. First month payment due at time of registration. The 10-month payment plan is a yearly tuition fee, dividing the yearly tuition into 10 equal payments.

Costumes

- Costume payment is due on December 9th.
- Costume orders are non-refundable and non-transferable.
- Costumes will only be ordered for those who have paid for their costumes in full.
- If you choose the auto pay program, your costume payment will be charged to your credit card on December 7th.
- Students will be measured in class the week of November 27th thru December 2nd. All costume orders and payments are due by December 9th.

I agree with and understand all payment policies outlined above. I further agree to any penalties and payments that my account might incur.

Parent / Guardian Signature

Date



FOOTWORKS CLASS EXIT POLICY

I, _____, understand and agree that (30) days written notice must be given before any student can exit a class, team, or private lesson. I agree that if a (30) day notice is not received in writing by Footworks Dance Studio, then I am responsible for payment and will continue to be billed and charged until proper written notice is received by Footworks Dance Studio.

I understand that I am responsible for tuition payment for the next month if I exit on or after the 10th of the month.

I hereby acknowledge that I understand the exit policy of Footworks Dance Studio, and fully agree with the requirements of this policy.

***NOTE:** Payment options cannot be altered. They are in place to provide you a convenient method of paying tuition, and you are obligated for the entire session's fees. A 30-day written notice is required when dropping a class and a \$25 drop fee will be assessed. If you choose to add classes after original registration, the class rate will be charged for the additional class only. No invoices are sent. Delinquent accounts result in instruction suspension. Registration fees and tuition are non-refundable. Our return check fee is \$30.00. We require a credit card to be on file.*

Print Name

Sign

Date



CREDIT CARD PAYMENT POLICY

- 1) All students must provide a valid credit card for our file. The following major credit cards are accepted: MC, VISA, Discover.
- 2) The credit card on file is allowing Footworks Dance Studio to charge your account with any outstanding balances, as well as late fees, on the 6th of each month.
- 3) Credit cards will be used to guarantee payment.
- 4) Debit cards may be used but Footworks Dance Studio is not responsible for any overdraft fees that your bank might charge you.

Student's Name

Name of Cardholder

Type of Card (circle): **VISA** **MC** **Discover**

Credit Card #

Expiration Date

3 or 4 Digit Code

Billing Address

Zip Code

I agree to have this credit card billed for the full amount plus any applicable fees in the event that another form of payment is not received before the 6th of the month.

Signature

Date

NOTE: By filling out this form you are **not** on auto pay until you sign below.

Please sign below if you would like to join our auto pay program which allows a convenient process to make sure your tuition payments are made each month, on time and without late fees.

YES – I would like to join the auto pay program > _____

Signature



Photography Release Form

I hereby grant Footworks Dance Studio, Inc. permission to use photography of me and/or the minor I represent as a [parent/guardian]. The image or images may be used, re-used, published and re-published the same, in whole or in part, separately or in conjunction with other photographs, in any medium now or hereafter known, and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion, advertising and trade without further consideration. I acknowledge Footworks' right to crop, manipulate or treat the photograph at its discretion on its website, printed publications, marketing material, social media (Facebook, Twitter, Instagram, etc), and advertising. Therefore, I agree to indemnify and hold harmless from any claims the following:

- Footworks Dance Studio, Inc
- Owners of Footworks Dance Studio
- All Employees of Footworks Dance Studio

I have read the foregoing and fully understand the contents hereof. I represent myself or that I am the [parent/guardian] of the below named. I hereby consent to the foregoing on my/his/her behalf.

Date _____

Dancer's Name _____

Parent or Guardian Name _____

Signature _____