

Fusion Studio of Dance 2017-2018 Registration Form

"The fusion of movement and expression through dance"

4220 Coonpath Rd. Carroll, OH 43112

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740.407.1174

Student Name: _____ Student Email: _____ Student Phone: _____

Student Age: _____ Student Date of Birth: _____ Grade of School: _____ School: _____

Dance Experience, please be specific:

Medical History/Injuries: _____

Food Allergies: _____

Parents/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home Phone #: _____ Work Phone #: _____

Parent's Email: _____

Emergency Contact: (Someone other than parent)

Name: _____ Phone Number: _____ Relationship to student: _____

*What **CLASSES** are you registering for? (List class, level, day/time, for example "Tap Level 1, Thursdays 5:00-5:30p)

As a parent, I am interested in being a member of: (please circle)

Fundraiser Team / Recital Prep Team / Special Event Team / Studio Volunteer / Other: _____

Please read thoroughly and sign below stating you understand, accept and will follow:

*I understand that class enrollment ends October 12, 2017. Once registered, if the student decides to drop a class after October 27, 2017 there will be a \$75 fee per class dropped and written notification will also be required.

*I understand that there is a \$50.00 costume deposit (for each costume) that will be due by October 23, 2017. The remaining balance will be due December 7, 2017. There is a \$10 late fee for each costume that the deposit or balance is late. (Deposits are non-refundable. "Creative Movement" and non-performing classes (NP) will be exempt from this fee, as they will not perform in the recital).

*I understand that the 2018 annual recital is tentatively set for Saturday, May 19 at the Bloom Carroll Middle School and that there may be two different recitals on this day that my performer may be required to attend/perform in both. Attendance/participation is mandatory for the recital and dress rehearsals the week prior to recital. Mandatory picture day is tentatively set for April 28, 2018. Please mark your calendar with all dates.

*I have read Fusion Studio of Dance's studio policies that are available to me on fusionstudioofdance.com and will adhere to them. Class attendance is mandatory, unless ill, and it is required to make the studio aware of the absence by calling with as much notice as possible.

*I understand that monthly information newsletters will be emailed to me and I am responsible for reading and meeting any deadlines that are required of me. I have provided the working email that I will be checking on a regular basis. If I do not receive the emails, I am required to inform the studio so that corrections can be made to ensure I receive the info via email.

*I have read the dress code requirements (along with neat hair pulled away from face and no jewelry worn in class) on the website based on what class my child will be taking and will adhere to them. I understand that my student will arrive on time or early, as to not to disturb a class already in session. I understand that while classes are in session that waiting rooms and hallways must remain quiet so as to not disturb the students in class. Younger siblings will remain quiet and cell phone conversations will be held outside.

Parent Signature: _____ **Student Signature:** _____ **Date:** _____

Payments Due at Time of Registration:

(Please pay cash or check payable to "Fusion Studio of Dance." Credit/Debit cards will not be accepted.)

1. Registration Fee - \$25.00 per student must be paid to reserve the student's placement in class. The registration fee is non-refundable.
2. First Month's Membership Payment

Registration Fee: _____ First Month Payment: _____ Total: _____ Date: _____ Cash or Check #: _____

Season Membership Tuition:

You will be responsible for making 9 months (September – May) of payment. Tuition is based on a seasonal fee for the total classes provided and not on the number of classes per month. Tuition is non-refundable, non-prorated. There will be no reimbursements or credits available for students missing class.

There are 3 payment options available.

1. One-time payment made (check or cash) – Due at registration.
(10% discount when paid at registration)
Total:
2. Bi-season payment (check or cash) – One payment due at registration, one payment due February 1.
(5% discount on both payments if first payment is paid at registration.)
Season Total:
September 1st Payment Total:
February 1st Payment Total:
3. 9 installment payments when enrolled in auto pay program. (First payment due at registration, 8 remaining payments will be automatically paid on the 1st of each month. There will be no in-house payments available if you choose this option (other than the first month's required payment at registration). We offer an easy convenient payment option. "Set it and forget it!" All billing will be handled through the professional billing service company, "Member Solutions." Your tuition payment will automatically be processed through your bank account as an "Electronic Funds Transfer." This is private, secure and easy. You will have access to an online account where you can view your payment status anytime!

Option 3 Details: (PLEASE PROVIDE A BLANK VOIDED CHECK TODAY)

Season Total:

1st Month Paid at Registration:

8 Monthly Payment Total:

(First payment due at registration. Second payment due October 1. Each remaining payment due on the 1st of each month.

Note: All payments are due on the 1st of the month. There will be a \$10.00 late fee if payment is received between the 2nd – 10th of the month and an **additional** \$15.00 late fee (\$25.00 total) if payment is received between the 11th-31st of the month. Please also be aware that if tuition is not up to date by being paid in full, students may not be able to participate in classes, dress rehearsals or recital productions. ***There is a \$30.00 returned check fee.**

Which payment option will you choose? *(Please initial beside option)* If anything is to change regarding your account you must notify the studio asap.

1. _____ 2. _____ 3. _____

Will you be paying your costume deposit of \$50.00/each costume today?

Reminder...Costume deposits are due by October 23, 2017.

Yes or No *(please circle)* Amount Paid: _____ Date: _____ Cash or Check #: _____

Office Notes....Payment received: _____ For: _____ Date received: _____ Cash/Ck #: _____

Fusion Studio of Dance Liability Waiver and Acknowledgment of Risk:

READ AND SIGN BELOW.

REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE AND MUST BE COMPLETED BEFORE PARTICIPATING IN ANY CLASS.

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of Fusion Studio of Dance classes, rehearsals, performances, or activities. I also exempt, release, and indemnify Fusion Studio of Dance, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Fusion Studio of Dance. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Fusion Studio of Dance, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

*Permission is granted to Fusion Studio of Dance to use photographs/videos of students for publicity purposes.

I have read, understood and agree to be bound by the above statement.

If ***UNDER 18 years of age***, parent or legal guardian must sign.

FOR: _____

(Name of Student)

SIGNED: _____

DATE: _____

If student is ***OVER 18 years of age***:

PRINTED: _____

SIGNED: _____

DATE: _____