

The Wright School of Dance LLC
Registration Forms

Please fill out all of the information

Student Name: _____ DOB: _____ Age: _____

Parent/Guardian Names: _____

Mailing Address: _____ City: _____ State: _____

Cell Phone: _____ School: _____ Grade: _____

Years of Dance Experience: _____ Email: _____

This section of information is about the person paying tuition.

Name of Person Paying Tuition: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Emergency Contact: _____ Relation: _____

Emergency Contact Phone Number: _____

Please Circle classes your child is taking:

Intro to Dance: (2-3) (3-4) (4-5) Kindergarten

Jazz/Lyrical: 1 2 3 4

Ballet: 1 2 3

Tap: 1 2 3

Irish Tap: 1 2

Hip-Hop: 1 2 3 4

For office use:

Monthly Tuition: _____

Tuition due at registration: _____

Registration Fee: _____

Total due at registration: _____

The Wright School of Dance Contract

Please Initial

_____ I understand that I am making a 9-month commitment. Tuition is based on 9 months not month to month.

_____ I understand the attendance policy stated in the general information portion of the Wright School of Dance Information Booklet. I understand that there will be a \$25 fine for each class my student misses over 5 that are unexcused.

_____ I understand the dress code policy. I will have my student in the correct dress or my student will not be allowed to participate in class that day, they will be asked to sit and watch. I also understand that it will count as an unexcused absence.

_____ I understand that parents/friends/family are not allowed in the studio while students are taking a class. I also understand that extra children I bring to watch will sit with me and be supervised by me at all times or we may be asked to leave.

_____ I understand that water is the only drink my student can bring to class. No food is allowed in the studio, this includes gum.

_____ Tuition is due by the 10th, of every month, or there will be a \$5 fee for each day past due. After 15 days without payment I understand that my child will be removed from class for the year.

_____ I understand that it is not the responsibility of The Wright School of Dance LLC to let me know if I have not made a payment. I understand that after 15 days without payment my child will be removed from the class for the year.

_____ I understand if my child is late they will not participate in class and will be asked to sit and watch.

Waiver and Release From Liability For Dance Instruction

I, _____ (print your name) have chosen to have my child, _____ (print child's name), participate in dance instruction given by The Wright School of Dance, LLC. I acknowledge that I understand the nature of the activities my child will be participating in and that my child is in the proper physical condition and capable of participation in the related activities, understanding that The Wright School of Dance, LLC is not in any way responsible for making such a determination. In consideration of my child's enrollment in any dance instruction program, I understand and agree on behalf of myself and my child, to release, hold harmless, and discharge The Wright School of Dance, LLC, from all claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs for any occurrences in connection with any dance instruction. I assume all risks to my child in connection with any instruction and further release The Wright School of Dance, LLC, and its owners and employees from liability for any injury sustained by my child while he or she is enrolled in any dance instruction program, including all risks reasonably connected with such activity whether foreseen or unforeseen. I understand that The Wright School of Dance, LLC, is not responsible for my child or other children under my supervision who are left unsupervised in the common areas and areas surrounding the dance studio and that The Wright School of Dance, LLC, will only be supervising my child when he or she is participation in scheduled dance activities, programs, or instruction. I understand that The Wright School of Dance, LLC, is not responsible for personal property that is lost, damaged or stolen while I or my child is at or on The Wright School of Dance, LLC's property. I acknowledge and agree that it is my responsibility to maintain my own accident and health insurance coverage that provides adequate coverage for myself and my child participation in The Wright School of Dance, LLC, activities and that The Wright School of Dance, LLC, does not provide accident or health insurance for those participating in its instruction, activities, or programs.

I authorize and agree that The Wright School of Dance, LLC, may take and use photographs, videos, or likenesses of myself or my child as needed for its record-keeping, advertising, and/or public relations projects and that I have no rights to the same and will not be compensated for the same.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/ or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Wright School of Dance, LLC, and I specifically waive any right to any compensation I may have for any of the foregoing.

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms her in, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

I agree by signing this waiver form that I am responsible for my child's financial account. This will include all classes, costumes, recital fees, competition fees, and any late fees that may be applied.

I understand that The Wright School of Dance, LLC, reserves the right to refuse services to anyone.

I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.

PRINTED NAME OF PARTICIPANT'S PARENT OR GUARDIAN

DATE

SIGNATURE OF PARTICIPANT'S PARENT OR GUARDIAN

DATE