

Elite Dance by Damian

2017-18 Registration Form

Student Name _____ Age ____
Date of Birth _____ # of Years Dancing _____
Home Address _____
City _____ State ____ Zip Code _____
Home Phone _____ Cell Phone _____
Emergency Contact _____ Phone _____
Parents Names _____
E-Mail Contact (mandatory) _____
Medical Conditions or Allergies _____

I AGREE THAT MY CHILD IS COVERED EXCLUSIVELY BY INSURANCE AND I AM FULLY RESPONSIBLE FOR ALL MY CHILD'S PAYMENTS.

Parent Signature _____ Date _____

I HAVE READ ELITE DANCE BY DAMIAN INC. POLICIES AND PROCEDURES IN THEIR ENTIRETY, UNDERSTAND THEM, AND AGREE TO COMPLY WITH THEIR CONTENTS. I ACKNOWLEDGE AND UNDERSTAND THAT UPON EDBD'S ACCEPTANCE OF THIS REGISTRATION, DANCERS ARE ENROLLED AND FINANCIALLY RESPONSIBLE FOR TUITION FOR A 10 MONTH PERIOD. I FURTHERMORE UNDERSTAND THAT THE DANCE YEAR COMMENCES IN SEPTEMBER OF 2017 AND CONTINUES INTO JUNE 2018 (A 10 MONTH PERIOD). ANY AND ALL TUITION PAYMENTS ARE NON-REFUNDABLE FOR ANY REASONS. I UNDERSTAND THAT IF A STUDENT WITHDRAWLS FROM THE STUDIO FOR ANY REASON, I AM REQUIRED TO CONTINUE TO MAKE TUITION PAYMENTS THROUGH THE REMAINING DURATION OF THE CONTRACT. FURTHERMORE I UNDERSTAND IF A STUDENT IS INJURED OR ABSENT FOR ANY REASON THAT THERE ARE NO CREDITS OR REFUNDS ON TUITION.

I HEREBY RELEASE AND REQUEST ELITE DANCE BY DAMIAN INC. TO ACT FOR ME ACCORDINGLY TO THEIR BEST JUDGEMENT IN ANY EMERGENCY THAT MAY REQUIRE MEDICAL ATTENTION TO MY CHILD, AND I HEREBY WAIVE AND RELEASE ELITE DANCE BY DAMIAN INC. AND ALL IT'S INSTRUCTORS AND INDEPENDENT CONTRACTORS FOR ANY AND ALL LIABILITY FOR ALL INJURIES AND ILLNESS WHILE TRAVELING TO AND FROM THE STUDIO, AND WHILE RECEIVING INSTRUCTION AT ELITE DANCE BY DAMIAN INC. FURTHERMORE I UNDERSTAND THAT ALL MEDICAL/DENTAL EXPENSES INCURED WILL BE THE SOLE RESPONSIBILITY OF THE STUDENT OR STUDENT'S FAMILY. I ACKNOWLEDGE AND AGREE TO THE STUDIO'S INJURY RELEASE POLICIES.

IN LIEU OF A MEDICAL CERTIFICATE SIGNED BY A PHYSIAN I HAVE NO KNOWLEDGE OF ANY PHYSICAL OR MENTAL IMPARMENT THAT WOULD BE AFFECTED BY THIS NAMED STUDENT'S PARTICIPATION IN THIS PROGRAM WHICH IS OUTLINED IN INFORMATIONAL MATERIAL AT THE STUDIO AND ON THE WORLD WIDE WEB (WWW.ELITEDANCEBYDAMIAN.COM), WHICH I HAVE READ AND UNDERSTAND.

FURTHERMORE, I UNDERSTAND THAT ELITE DANCE BY DAMIAN INC., RESERVES THE RIGHT TO USE ANY PHOTOGRAPHY, VIDEO, RECORDING OR ANY OTHER RECORD OF EVENT OR CLASS FOR PUBLICITY, ADVERTISING, OR ANY OTHER PROMOTIONAL PURPOSES. I ALSO UNDERSTAND THAT ELITE DANCE BY DAMIAN INC. IS NOT RESPONSIBLE FOR ANY BELONGINGS LEFT IN STUDIO OR OUTSIDE STUDIO.

Parent Signature _____ Date _____

ACADEMY PROGRAM

Creative Movement Tiny Tots Combo Boys Program ETP

Level 2 Academy

Ballet Tap Acro/Tumbling Jazz

Level 3 Academy

Ballet/Lyrical Acro/Tumbling Jazz/Contemporary Hip Hop

COMPETITIVE PROGRAM

Company 1 Company 2 Company 3 Company 4 Company 5
Private Lesson Duet/Trio Lesson

YEARLY TUITION DUE _____ MONTHLY TUITION PAYMENTS _____

Registration Fee \$20.00 per student (Non- Refundable)

Tuition Payment holds a student’s spot in a class. All Tuition payments are Non-Refundable for any reason.

ACADEMY STUDENTS

First and Last Month Tuition + Registration Fee= TOTAL DUE _____

Check# _____ Date _____

COMPANY STUDENTS

First Month Tuition + Registration Fee= TOTAL DUE _____

Check# _____ Date _____

BY SIGNING THIS REGISTRATION AGREEMENT I, _____, AM AGREEING TO PAY TUITION FOR A FULL YEAR WHICH IS DIVIDED INTO 10 MONTHLY INSTALLMENTS. I UNDERSTAND THAT TUITION IS PAID FROM AUGUST OF 2017 TO MAY OF 2018. THE DANCE YEAR BEGINS IN MID SEPTEMBER AND CONCLUDED IN MID JUNE. I UNDERSTAND THAT TUITION REMAINS THE SAME REGARDLESS OF THE NUMBER OF WEEKS IN A GIVEN MONTH. THERE ARE NO REFUNDS FOR TUITION FOR ANY REASON. STUDENTS WHO BECOME INJURED ARE RESPONSIBLE FOR FULFILLING THE TUITION AGREEMENT. IF A STUDENT DROPS OUT OF THE PROGRAM THEY ARE OBLIGATED TO FULFILL THE TUITION AGREEMENT FOR THE REMAINDER OF THE YEAR. FURTHERMORE, I UNDERSTAND THAT ALL TUITION PAYMENTS MUST ONLY BE PAID TO ELITE DANCE BY DAMIAN INC.

Parent Signature _____ Date _____

