

The Dance Center • Registration 2016-2017

REGISTER BY MAIL! Fill out form - print clearly & completely (one Registration Form per family or single student) -
 1. Registration Form & Class Enrollment Form (one dancer per form), 2. Tuition check and,
 3. Separate check for annual registration fee of \$32/person or \$42/per family. Make checks out & mail to: The Dance Center,
 56 W. 6th St. Santa Rosa, CA 95401, phone: (707) 575-8277. PAYMENT MUST ACCOMPANY REGISTRATION.

* FALL REGISTRATION PAYMENT CHOICES: 1. Pay August tuition (half monthly amount) plus registration fee.
 or : 2. Pay August tuition and all of Sept. plus registration fee - next payment would be due October 1st.

Adult/Parent responsible for payment: (please print clearly!)

Today's date _____

 FIRST LAST

Relationship to dancer (parent/guardian, etc.): _____

Address _____

City _____ ZIP _____

Phone #: Home: _____ Wk.: _____

Parent's cell: _____

E-mail address of person responsible for payment: (print clearly!)

Employer: _____

Household members enrolled at the studio:

Name/relationship _____

How did you hear about the studio? ___ Friend's name _____

___ Website ___ Facebook ___ School ___ Other ___

• Tuition and Fees Agreement •

I _____, acknowledge the
 (print payer's name)
 following financial responsibilities involved in participating in
 The Dance Center's classes:

- The registration fee is non-refundable.
- Tuition is due the 1st of the month - late fee after the 7th.
- Monthly tuition is due and expected from each registered student. I understand that to make a class change, an add/drop slip must be completed at front desk 15 days prior to being in effect. Students that simply stop attending are still responsible for tuition until an add/drop slip is filled out. Class drops cannot be taken over the phone. Informal notice to teachers or to any staff member does not relieve any responsibility for tuition, fees or charges.

By signing below, I agree to abide by the studio's payment and dropped class policy, and where applicable, give permission for automatic monthly payment by credit card for classes enrolled in.

 Signature of adult/parent

PAYMENT OPTIONS - Avoid late fees! For your convenience, we offer automatic payment by debit card or credit card for monthly tuition.
 Information is kept confidential. Please choose one (must be updated each year) :

Tuition will be paid by: _____ automatic payment by debit card or credit card each month- please fill out below.
 _____ cash, check or credit card at the studio or by mail.

Name on card _____ Type of card: _____ Visa _____ MC _____ Debit Card

Acct. no. _____ Exp. date _____

Agreement & Release of Liability I, _____, HEREBY ACKNOWLEDGE that I have voluntarily applied to participate
 (please print both student's and parent's name if minor)

in dancing instruction, training and performances through The Dance Center of Sonoma County in Santa Rosa, California.

I AM AWARE THAT PARTICIPATING IN DANCE CLASSES AND PERFORMANCES CAN RESULT IN INJURIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY. AS LAWFUL CONSIDERATION for being permitted by The Dance Center of Sonoma County or one of its affiliated organizations to participate in these activities and use their facilities, I hereby agree that I will not make a claim against, sue, attach the property of, or prosecute The Dance Center of Sonoma County, and/or one of its affiliated organizations, owners, or employees for injury or damage resulting from the negligence or other acts, however so caused by any employee, owner, agent, or contractor of The Dance Center of Sonoma County or its affiliates, as a result of my participation in dancing activities. In addition, I hereby release and discharge The Dance Center of Sonoma County, any of its affiliated organizations, all of its teachers, owners, employees, and agents, from all actions, claims, or demands I, my heirs, distributees, guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting from my participation in dance classes, instruction, or performances. I give The Dance Center of Sonoma County my permission to use any photographs or video footage in which I/my child appears for their use for advertising or publicity purposes. I understand The Dance Center of Sonoma County is not responsible for my child once my child has left the premises. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE DANCE CENTER OF SONOMA COUNTY AND/OR ITS AFFILIATED ORGANIZATIONS AND I SIGN IT OF MY OWN FREE WILL.

©The Dance Center

Signature of dancer, parent or responsible party _____ Date _____

FOR OFFICE USE ONLY

Today's Date _____ Total (family) Hours Wk. _____
 Monthly Tuition _____ Reg. fee _____ Other _____ Credit _____
 Total due _____ Total paid _____ BALANCE DUE _____

CHECK # _____

CASH

CREDIT CARD

AUTO PAYMENT: CC/DB

FD: _____ DBE: _____

Binder _____

Rollbook _____

Costume binder _____

→ → → TO COMPLETE REGISTRATION, BE SURE TO FILL OUT CLASS ENROLLMENT FORM →