



Anita's Studio of Dance & Theatre Arts

508 Larkfield Road, East Northport, NY 11731 • (631) 368-7505 • www.anitasdance.com

2016/17 Registration Form

Please Print ALL Information

Student's Name: _____

Street Address: _____ Town: _____ Zip: _____

Phone: _____ Age: _____ Date of Birth: _____

Parent's First Name: _____ Parent's First Name: _____

Emergency/Cell Phone: _____ E-Mail: _____

We use e-mail for notifications including snow closings, billing reminders, and recital information. Your e-mail address will NEVER be used for anything other than official dance studio correspondence. Please add Anitasdance@mail.com to your allowed senders list so our email does not get routed to your spam file.

New Families: How did you hear about us? _____

Class(es) to be enrolled in:

<u>Day</u>	<u>Time</u>	<u>Class</u>	<u>Teacher</u>

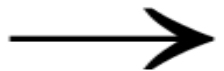
ALL CLASSES ARE SUBJECT TO CANCELLATION IF ENROLLMENT DOES NOT MEET A MINIMUM OF 7 STUDENTS.

Registration Fee: \$20 per Child or \$25 per Family – Payable at Registration

Costume Deposit: \$60 per Child per Class (\$75 for Competition Classes) – Payable at Registration

The balance of your costume cost will be collected in the spring.

Please complete the Tuition Agreement, Liability Waiver & Photo Release on the back of this form.



For Office Use:

Date Paid: _____ Amount Paid: _____

Reg. Fee: _____ Tuition: _____ Costume: _____

Tuition Agreement:

Tuition is a yearly contract that may be divided into 9 payments for your convenience. Missed classes may be made-up, but tuition is not refunded for any reason. The first payment is due at registration, with each subsequent payment due the 1st of each month. If tuition is not paid by the third week, 10% of your outstanding balance will be charged as a late fee.

I understand that my tuition payments must be kept up to date and agree to fulfill my obligation.

Parent/Guardian Signature: _____ Date: _____

Liability Waiver:

I/we (the dancer and/or parent/guardian) realize that participation in dance classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we assume all risks related to the use of any and all spaces used by Anita's Studio of Dance & Theatre Arts. In the event of an injury or emergency, if I am unable to be contacted, I give permission for Anita's Studio of Dance & Theatre Arts to obtain medical services for me/my child.

I/we agree to release and hold harmless Anita's Studio of Dance & Theatre Arts, including its teachers, dancers, staff members, and facilities used by both entities from any cause of action, claims, or demands now and in the future. I/we will not hold Anita's Studio of Dance & Theatre Arts liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Anita's Studio of Dance & Theatre Arts, Inc.

Photo/Video Release:

I/we hereby give permission for images of myself/my child, captured during regular classes and special activities through video, photo and digital camera to be used solely for the purposes of Anita's Studio of Dance & Theatre Arts promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Dancer: _____

Parent/Guardian Signature: _____ Date: _____