



# Fall 2011 – Spring 2012 Registration Form

## METHOD OF PAYMENT/CLASS RESERVATION

- Installments by Automatic Payment
- Paid in Full

## REGISTRATION FEE

- \$20 fee/child

### AUTOMATIC PAYMENT CALCULATION

Equal Monthly Automatic Payments: \$ \_\_\_\_\_

START MONTH: \_\_\_\_\_ END MONTH: \_\_\_\_\_

I HAVE READ DANCEOLOGY'S TUITION POLICIES AND AGREE TO THE PAYMENT TERMS. I am aware that if I am choosing to register for the session per full session payment, I UNDERSTAND THAT PAID TUITION WILL NOT BE REFUNDED. I understand that if I am choosing the installment per automation payment, a two week's WRITTEN notice prior to terminating enrollment is required or TUITION WILL BE BILLED. A cancelation notice must be submitted and can be printed from our website or picked up in studio.

**WE WILL NOT TAKE VERBAL CANCELATIONS!**

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DANCEOLOGY REPRESENTATIVE

\_\_\_\_\_  
DATE

## STUDENT LIABILITY WAIVER

Danceology, Inc., is hereafter referred to as "DI" and \_\_\_\_\_, is hereafter referred to as "Dance Student." The following is hereby agreed upon. In consideration of being allowed to participate as a student in any way in one or more dance or exercise programs, its related events and activities (such

1. I am an adult over 18 years of age (or, if a child under 18 – see below), and understand the inherent risks, typical hazards, and potential consequences associated with dance or exercise; and

2. The risk of injury from the activities involved in the Program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and

3. I further understand that some of those risks include, but are not limited to, incidents which may cause one to fall and that DI may not have any control over such events. I also understand that injuries may be caused by my own behavior, conduct, or lack of skill; and

4. I fully understand and am knowledgeable of these risks and hazards of dance courses. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of others, and assume full responsibility for my participation; and

5. I willingly agree to comply with the stated and customary terms and conditions for participation in the Program. If, however I observe any unusual significant hazard during my presence or participation I will remove myself from participation and bring the hazard to the attention of the nearest official DI immediately; and

6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS DI and its officers, officials, agents, employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Program, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF MYSELF OR THE ABOVE CORPORATION, INDIVIDUALS, OR PARTIES, to the fullest extent permitted by law.

7. I AM INFORMED AND AM AWARE OF ALL THE TYPICAL DANCE COURSE HAZARDS AND ASSOCIATED RISKS AND WISH TO OBTAIN IN DANCE INSTRUCTION FROM DI AND MYSELF (OR MY CHILD, IF APPLICABLE) DESPITE THESE HAZARDS AND RISKS. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT'S NAME

\_\_\_\_\_  
AGE

## PARENT OR GUARDIAN CONSENT & APPROVAL:

I am the parent or legal guardian of the above Dance Student under age 18. I have read and approved of all the foregoing and agree to bind myself, my spouse (if any) and the above referenced child to the terms of this liability waiver. My signature below shall be considered to be an acknowledgement of my signing this liability waiver agreement in my own capacity and in my capacity as parent or legal guardian of the Dance Student. I also agree the DI should not be responsible for the safety and well being of Dance Students who leave DI's premises before, during, or after their scheduled class period(s). The parent or legal guardian understands and agreed DI is not a day care center.

\_\_\_\_\_  
SIGNATURE OF LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT LEGAL GUARDIAN'S NAME

\_\_\_\_\_  
RELATIONSHIP



## Electronic Funds Transfer Authorization Form

As a duly authorized check signer on the financial institution account identified below, I authorize Danceology to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. This applies to check by phone payments as well as any other electronic payment. I understand the dollar amount can vary depending on services performed. The maximum amount will be less than \$500.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize Danceology to collect a returned item fee of \$25.00 per item by electronic debit from my account identified below.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below.

I understand and authorize all of the above as evidenced by my signature below.

\_\_\_\_\_  
AUTHORIZING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### BILLING INFORMATION

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### CREDIT CARD AUTHORIZATION:

I authorize Danceology to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. I understand the dollar amount can vary depending on services performed. The maximum amount will be less than \$800.

Complete Credit Card Information Here.

\_\_\_\_\_  
CREDIT CARD #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

\_\_\_\_\_  
NAME ON CARD: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FINANCIAL INSTITUTION ACCOUNT IDENTIFYING INFORMATION:

Enter financial institution account information into the fields provided below or attach a blank VOID check here.

\_\_\_\_\_  
FINANCIAL INSTITUTION: \_\_\_\_\_ BRANCH: \_\_\_\_\_

\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\_\_\_\_\_  
9 DIGIT TRANSIT/ABA # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_