



DANCER INFORMATION:

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

AGE: _____ BIRTHDATE: _____

PREVIOUS DANCE
TRAINING: _____

MEDICAL INFORMATION ALLERGIES
ETC.: _____

PARENT/GUARDIAN INFORMATION:

NAME: _____

EMAIL (please print clearly): _____

HOME
PHONE: _____ CELL: _____

EMERGENCY CONTACT (OTHER THAN PARENT)

NAME: _____ PHONE NUMBER: _____

HOW DID YOU HEAR ABOUT STUDIO C? _____

8887 Basil Western Road Canal Winchester, OHIO 43110 614-834-4480

STUDIO C SCHOOL OF DANCE POLICIES

I AM AWARE OF THE FOLLOWING STUDIO C POLICIES AND GUIDELINES:

- **REGISTRATION AND FIRST MONTHS TUITION IS DUE AT THE TIME OF REGISTRATION.**
- **DANCE TUITION IS BASED ON AN 8 MONTH SESSION WHICH IS BROKEN DOWN INTO 9 MONTHLY PAYMENTS.**
- **TUITION IS DUE BY THE FIRST OF EACH MONTH NO MATTER HOW MANY WEEKS ARE IN THE MONTH.**
- **THERE IS A \$15.00 LATE CHARGE ASSESSED IF MY TUITION IS NOT PAID BY THE 10TH OF THE EACH MONTH.**
- **THERE IS A \$35.00 NSF CHARGE PER RETURNED CHECK....STUDIO C WILL NOT EXCEPT PERSONAL CHECKS IF THIS IS REPEATED**
- **STUDIO C WILL NOT MAKE UP SNOW CANCELLED CLASSES UNLESS THERE ARE MORE THAN 2 CLASSES MISSED**
- **REGISTRATION IS NON REFUNDABLE**

REGISTRATION:

\$30.00 1ST STUDENT

\$15.00 2ND STUDENT

\$50.00 3 OR MORE STUDENTS PER FAMILY

RECREATIONAL TUITION:

\$40.00/MONTH- ½ HOUR CLASS PER WEEK (ADDITIONAL CLASSES ARE DISCOUNTED \$5)

COMPETITON COMPANY TUITION AND ALL FAMILY RATES:

TECHNIQUE CLASSES- \$35 PER CLASS

COMPANY CLASSES- \$195.00/MONTHLY

FAMILY RATE- \$230.00/MONTH

COSTUME FEES: RECREATIONAL DANCE

COSTUME FEE DOWN PAYMENT OF \$40 PER COSTUME ARE DUE BY OCTOBER 15TH

COSTUME FEE BALANCE OF \$40 PER COSTUME ARE DUE BY DECEMBER 1ST

(THIS WILL INCLUDE TIGHTS AND ACCESSORIES YOUR CHILD WILL NEED BUT WILL NOT INCLUDE THE PROPER DANCE SHOE)

RECITAL FEE IS \$100.00 (per family) AND IS DUE BY MAY 1ST

- THE TUITION EACH MONTH WILL REMAIN THE SAME REGARDLESS OF THE NUMBER OF WEEKS IN THE MONTH OR WHETHER MY CHILD IS PRESENT FOR CLASS.
- THERE ARE NO REFUNDS IF MY CHILD MISSES ANY CLASSES.
- I AGREE TO PAY FOR THE COSTUME OR COSTUMES AND IN ADDITION TO REHEARSAL/ RECITAL FEES.
- I UNDERSTAND FOR ANY REASON THE CLASS TIME COULD CHANGE OR A CLASS COULD BE PERMANENTLY CANCELLED FOR THE YEAR.
- ANY COSTUME ORDERED FOR MY CHILD CANNOT BE RETURNED NOR ARE ANY CHARGES SUCH REFUNDABLE INCLUDING (RECITAL, REGISTRATION, OR TUITION FEES) SHOULD I WITHDRAW MY CHILD FROM THE RECITAL OR STUDIO C.

I UNDERSTAND AND AGREE TO THE ABOVE POLICIES AND GUIDELINES FOR STUDIO C SCHOOL OF DANCE:

SIGNATURE _____ DATE _____

8887 Basil Western Road Canal Winchester, OHIO 43110 614-834-4480

STUDIO C SCHOOL OF DANCE

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Participant's Full Name (Print) _____

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: I HEREBY WAIVE, RELEASE, AND DISCHARGE STUDIO C SCHOOL OF DANCE and all divisions thereof of any and all liability and responsibility for injuries, sickness, pandemics, accidents, natural disasters and/or acts of God incurred during participation in and/or instruction of camps, intensives, private instruction, choreography or any activity I may participate. I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: STUDIO C SCHOOL OF DANCE and/or their directors, officers, managers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers; I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this waiver, release and registration form from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print (if under 18 yrs old, Parent or guardian must sign below)

Signature (if under 18 yrs old, Parent or guardian must sign below)

PARENT / GUARDIAN WAIVER FOR MINORS (Only if student is under 18 years old) The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

8887 Basil Western Road Canal Winchester, OHIO 43110 614-834-4480