



Student's Name:	Age:
Grade: School:	DOB:
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Grade: School:	DOB:
Parent/Guardian Name:	
Address:	Zip:
Phone:C	Cell:
Emergency Contact:	Phone:
Parent Email:	
Student Email:	
Classes interested in:	
BalletCreative Dance	Modern Pre-paid Recital Package
TapPre-Ballet/Tap	Includes 1 DVD, 1 Student TeeAcro Shirt and 2 FREE tickets to the June Recital!
Hip Hop	An \$80 value for \$50. Offer valid until March 15
Turning Pointe Dance Company	Your account will be billed March 1.
	n fee of <b>\$30.00 per dancer</b> or <b>\$45.00 per family</b> ours per week during the entire 10-month dance year.
CHOOSE YOUR PAYMENT TERMS	Office Use Only
Pay in Full (7% discount)	Class/Level
Pay per Semester (5% discount)	Tuition \$ plus tax
Pay by Month	Costumes X \$80= \$
Costume payments are due in full no later than December 15 <sup>th</sup> .	Recital Package X \$50= \$
Costume payments and tuition fees are non-refundable.	Paid: \$
New Students Only Previous Dance Experience? No Yes	Number of Years
Studio	
How did you hear about us?	

## Release From Liability / Media Release / Payment Terms

## **Liability Release** We, the undersigned parents and/or guardians of a minor, upon signing this agreement do hereby acknowledge that the activities that I have requested my daughter/son participate in may be stressful on the body and carry with them the risk of physical injury. On behalf of my child and her/his parents and /or legal guardians, I assume the risk and agree that Rhythm 'N **Motion**, **LLC**, directors, owner or faculty and any chaperones and agents shall not be liable in any way for any injuries sustained or loss of property during attendance at the dance studio, any of its related functions, as a participant or an observer on or off the premises. My child has permission to receive any necessary emergency medical care. Students must be covered by their own family health insurance. It is understood that the student's own health insurance policy will be the only source of payment for any medical services, out of pocket expenses and pain and suffering that may be incurred or result from treatment due to an injury. **Media Release** We understand that **Rhythm 'N Motion**, **LLC** from time to time, may produce promotion material about its programs. We understand that as a participant, the above-mentioned minor may be included in video tape or photographs taken at the studio or a performance venue. We hereby grant to **Rhythm 'N Motion**, its successors, assignees, licenses, sponsors and television networks and all other commercial exhibitors, the exclusive right to photograph and/or video tape participant and further utilize participant's name, face, likeness, voice and appearance, as part of the program, and in advertising and promoting the program, without reservation or limitation. In granting this license, I understand that **Rhythm 'N Motion** is under no obligation to exercise any of its rights, licenses and privileges herein granted by participant. **Payment Terms** Tuition payments may be mailed or dropped off at the desk at the studio. There is a \$25.00 fee added to all returned checks plus any bank charges Rhythm 'N Motion may incur. Please read and initial: I understand that **tuition is due the 1st of each month** starting in September, running through and **including June**. The tuition is based upon the total number of scheduled hours for the dance year and is not based on the actual classes during any given month. I also acknowledge that there is a **10% late fee** if tuition is not received by the 6<sup>th</sup> of each month and that if an account becomes 2 weeks delinguent, the student will not be permitted to attend further classes until the account is brought current. I understand that **costume payments must be paid in full by December 15** or they will not be ordered, and the student will be unable to participate in recital. All accounts must be up to date in order to receive costumes. Any costumes not picked up by May 1 become the property of the studio.

I understand that tuition and costume fees are non-refundable.

Date

Parent/Guardian Signature\_\_\_\_\_