SUMMER'S DANCEWORKS
WALK IN . . . DANCE OUT!

NEW

DATE: _____

STUDENT NAME: _____ **This is how it will look in our Recital Program**

NICKNAME: _____ BIRTHDATE: _____ AGE: _____

SCHOOL: _____ GRADE: _____

PARENTS/GUARDIANS: _____

PERSON MAKING PAYMENTS: _____

PAYMENT PREFERENCE: (Circle One): **CASH:** (Cash / Check / CC on file paid before the 10th)

AUTO PAY: (Automatically charged on the 1st of each month)

REGISTRATION FEE: _____ ($30 per student / $45 per family / $20 single adult)
($10 Processing Fee for a Late Drop / $10 Re-registration Fee)

ADDRESS: _____

CITY/ZIP: _____

BEST PHONE CONTACT: _____(Circle) CELL or HOME / MOM or DAD

E-MAIL: _____

EMERGENCY NAME & NUMBER: _____
Other than Best Phone Contact

ALLERGIES/IMPORTANT HEALTH INFO: _____

HOW DID YOU HEAR ABOUT SDW? _____

CLASS / LEVEL	PLEASE CIRCLE DAY	START TIME
CLASS 1: _____	DAY: M T W Th F S	TIME: _____
CLASS 2: _____	DAY: M T W Th F S	TIME: _____
CLASS 3: _____	DAY: M T W Th F S	TIME: _____
CLASS 4: _____	DAY: M T W Th F S	TIME: _____
CLASS 5: _____	DAY: M T W Th F S	TIME: _____
CLASS 6: _____	DAY: M T W Th F S	TIME: _____
CLASS 7: _____	DAY: M T W Th F S	TIME: _____

PHOTO RELEASE

I give my permission to Summer's DanceWorks to use any photos or video tape taken of my child, or myself, during classes, camps, parties, or other events. This will include, but is not limited to, their website, Facebook page, and any advertising in local magazines and newspapers.

Signature: _____

Date: _____ **Relationship:** _____

Liability Statement

In consideration of the benefits of instruction by Summer's DanceWorks for the student (child or adult), I, intending to be legally bound, do hereby enroll the student named above, in the program and do hereby waive claims and release Summer's DanceWorks, Summer Hinton and staff members, instructors and other personnel from claim or liability for any injury or accident occurring or arising from the instructional program or incidental sponsored activities either off or on the premises.

My signature affirms that I have read completely the Summer's DanceWorks Liability Statement and agree to its contents.

Signature: _____

Date: _____

Notice of a drop must be made to the Front Desk prior to the first of the month in which the drop is to occur. (Charges will occur automatically on the 1st of the month, and there are no refunds.) You **MUST** notify the Front Desk. A word to the teacher is not acceptable. Failure to do so will result in continued tuition fees. **No statements** will be mailed.

Tuition is due on the 1st of each month. If paid after the 10th, a $20 late fee will be assessed to cover billing. If any check is returned with NSF, a $30 fee will be due immediately. Any legal fees and costs will be the responsibility of the Client. (Parent or Guardian)

Medical Release Form

This form must be completed in its entirety for your registration to be complete.

This form is to authorize ***Summer's DanceWorks***; located at 805 Miller Valley Road, Prescott, AZ 86301, their agents, representatives and employees (hereinafter "the Studio") to obtain emergency medical assistance and to provide transportation for the child (children) herein below names, and to release the Studio from **liability** for injuries to children while on the Studio premises or otherwise in the care of the Studio staff members, such as in transporting the children.

In the event that I/we cannot make arrangements for emergency medical attention at the time of the illness or accident of my child, I hereby authorize any agent, representative or employee of the Studio to take my child to:

DR.: _____ **PHONE:** _____

ADDRESS: _____

OR

to Yavapai Regional Medical Center, where medication or medical procedures they may deem necessary for my child's well-being, will be administered. The undersigned further agrees to be financially responsible for all such medical services, including the cost of defense and enforcement of this indemnity agreement. I further understand and agree that the studio, its agents, representatives, or employees may administer simple first aid in the event of minor injuries, and family members or doctors will be called when in the discretion of the Studio personnel, it is deemed necessary. I/we represent that I am parent/guardian of _____ and am fully responsible for the care and well-being of the child. I agree that the Studio shall not be liable for any damages, claims or compensation of whatever nature (including liabilities for negligence, strict **liability**, or otherwise) that may arise to me or for my benefit, in the name of or for the benefit of the child, or in the name of or for the benefit of any other person as a result of personal injury to the child named above while the child is on the premises of the Studio or otherwise in the care of the Studio personnel, including any such injuries sustained while the child is being transported as herein authorized, and hereby agree to indemnify and hold harmless the Studio, its agents, employees or servants, whether paid or volunteer, against any and all claims which may arise from any injury to said child while participating in or being transported to programs of the Studio.

I have read the above and agree with it in all respects.

Signature: _____ **Date:** _____