



2018-2019
REGISTRATION FORM
Offering Acting, Vocal, Ballet, Tap,
Jazz, Tumbling & More!!!

Student's Full Name: _____ Age: _____ Date of Birth: _____

2nd Student's Name: _____ Age: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip _____

Cell Phone: _____ Home: _____ Work: _____

E-Mail Address: _____

Allergies/Illnesses: _____

Class Schedule	Day	Time	Monthly Tuition
1.			\$45
2.			\$81
3.			\$122
4.			\$162
5.			Unlimited Classes \$175 Single Student \$225 2 Students
6.			
7.			
8.			
9.			
10.			

+ \$25 Dance Registration Fee
(\$30 Dance Family Registration Fee)
+ \$45 Tumbling Registration Fee
(\$70 Tumbling Family Registration Fee)

First Month's Tuition Including Registration Fee = _____

(Please Fill Out Back of Form)

Sharper Image Performance Dance Studio, Inc.
6621 W. Gulf to Lake Hwy
Crystal River, FL 34429
352-563-5550

Please fill out the following information so that we may act quickly in the event of an emergency

Emergency Contact (in the event that the parents cannot be reached):

Name: _____ Phone # _____ Relation to Child _____

Doctor's Name: _____ Phone # _____

Permission to Treat:

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in my absence.

Signed: _____

Payment of Tuition:

Tuition is due by the first of each month. If the accounts are not paid after the tenth of the month, there will be a \$10.00 late fee for every week the balance goes unpaid. After 2 months of no payments and payment plan, your child will be unable to continue dance until all accounts are paid up. There is a \$35.00 returned check charge for any checks returned by the bank for any reason.

When costumes are ordered, I agree to pay the full amount of the costumes at the payment time. If my child drops or decides to not participate in the recital and costumes have been ordered for my child, I will still pay the amount of the costumes in full and receive no refunds.

Upon payment of the recital and registration fee, I agree to pay the full amount with the intention of my child participating in the recital. I understand that if my child does not participate in the recital, I will forfeit my recital fee and not be refunded for any purpose. If my account is not paid in full by May 10th and the time of recital, my child will be unable to participate in the end of year recital. Sharper Image Performance Dance Studio, Inc. reserves the right to disclose financial account information.

I've read the above and agree **initial:** _____

Acknowledgment of Risk and Waiver of Liability:

As legal guardian of _____, I hereby consent to the above person participating in Sharper Image Performance Dance Studio, Inc.'s programs. I recognize that potentially severe injuries can occur in dance activities. I certify that I have consulted a physician, to the extent that I deem appropriate, concerning my child's participation in this activity. I represent to Sharper Image Performance Dance Studio, Inc. that my child is medically fit to participate.

Upon registration for the Summer/Fall/Spring 2018-2019 session, I as a participant (or as a guardian of a participant taking dance, under 18 years of age) at Sharper Image Performance Dance Studio Inc., do hereby fully release and discharge Sharper Image Performance Dance Studio, their officers, faculty and employees from any and all claims for injuries, damage or loss which I may incur on account of my participation in class and at dance events including dress rehearsal, recital and all dance functions. I also understand publicity photos may be taken at any time throughout the semester and I give consent to publish those photos.

I understand that during open studio/rental times my child will be dancing at their own risk and Sharper Image will not be responsible for any injuries. I will monitor my student during these times and prevent any injuries or horseplay that may occur during open studio.

This acknowledgement of risk, studio policies and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian's Signature: _____

Date _____