

Elite Dance by Damian

2022-23 Registration Form

Student Name _____ Age _____
Date of Birth _____ # of Years Dancing _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Emergency Contact _____ Phone _____
Parents Names _____
E-Mail Contact (mandatory) _____
Medical Conditions or Allergies _____

BY SIGNING THIS REGISTRATION AGREEMENT, I, _____, AM AGREEING TO PAY TUITION FOR A FULL YEAR WHICH IS DIVIDED INTO 10 MONTHLY INSTALLMENTS. I UNDERSTAND THAT TUITION IS PAID FROM AUGUST OF 2022 TO MAY OF 2023. THE DANCE YEAR BEGINS IN MID SEPTEMBER AND CONCLUDES IN EARLY JUNE. TUITION IS NOT FOR A FULL 10 MONTHS, BUT RATHER THE DANCE YEAR! I UNDERSTAND THAT TUITION REMAINS THE SAME REGARDLESS OF THE NUMBER OF WEEKS IN A GIVEN MONTH. THERE ARE NO REFUNDS FOR TUITION OR OTHER EXPENSES FOR ANY REASON. STUDENTS WHO BECOME INJURED OR ILL ARE RESPONSIBLE FOR FULFILLING THE TUITION AGREEMENT. I UNDERSTAND THAT IF A STUDENT WITHDRAWLS FROM THE STUDIO FOR ANY REASON, I AM REQUIRED TO CONTINUE TO MAKE TUITION PAYMENTS THROUGH THE REMAINING DURATION OF THE CONTRACT. IF A STUDENT DROPS OUT OF THE PROGRAM, THEY ARE OBLIGATED TO FULFILL THE TUITION AGREEMENT FOR THE REMAINDER OF THE YEAR. FUTHERMORE, I UNDERSTAND THAT ALL TUITION PAYMENTS MUST ONLY BE PAID TO ELITE DANCE BY DAMIAN INC.

IN THE EVENT OF A STUDIO CLOSURE DUE TO COVID-19, CLASSES WILL BE INSTRUCTED VIRTUALLY VIA ZOOM. TUITION WILL BE DISCOUNTED BY 25% FOR ALL GROUP CLASSES. STANDING PRIVATES WILL REMAIN THE SAME TUITION RATE. FAMILIES WILL BE OBLIGATED TO CONTINUE PAYING TUITION DURING THE CLOSURE AT THE ADJUSTED RATES.

Parent Signature _____ Date _____

Tuition Payments are Due by the 30th of each month. We will automatically charge a credit card on file after the 5th of the month if tuition is not received.

Name on Card _____
Card # _____ Expiration ____ / ____ CVC _____

I AGREE THAT MY CHILD IS COVERED EXCLUSIVELY BY INSURANCE AND I AM FULLY RESPONSIBLE FOR ALL MY CHILD'S PAYMENTS.

Parent Signature _____ Date _____

I HAVE READ ELITE DANCE BY DAMIAN INC. POLICIES AND PROCEDURES IN THEIR ENTIRETY, UNDERSTAND THEM, AND AGREE TO COMPLY WITH THEIR CONTENTS. I ACKNOWLEDGE AND UNDERSTAND THAT UPON EDBD'S ACCEPTANCE OF THIS REGISTRATION, DANCERS ARE ENROLLED AND FINANCIALLY RESPONSIBLE FOR TUITION FOR A 10 MONTH PERIOD.

I HEREBY RELEASE AND REQUEST ELITE DANCE BY DAMIAN INC. TO ACT FOR ME ACCORDINGLY TO THEIR BEST JUDGEMENT IN ANY EMERGENCY THAT MAY REQUIRE MEDICAL ATTENTION TO MY CHILD, AND I HEREBY WAIVE AND RELEASE ELITE DANCE BY DAMIAN INC. AND ALL ITS INSTRUCTORS AND INDEPENDENT CONTRACTORS FOR ANY AND ALL LIABILITY FOR ALL INJURIES AND ILLNESS WHILE TRAVELING TO AND FROM THE STUDIO, AND WHILE RECEIVING INSTRUCTION AT ELITE DANCE BY DAMIAN INC. FURTHERMORE, I UNDERSTAND THAT ALL MEDICAL/DENTAL EXPENSES INCURRED WILL BE THE SOLE RESPONSIBILITY OF THE STUDENT OR STUDENT'S FAMILY. I ACKNOWLEDGE AND AGREE TO THE STUDIO'S INJURY RELEASE POLICIES INCLUDING THE COVID-19 RELEASE.

I UNDERSTAND THAT DANCE CLASSES MAY INCLUDE, WITHOUT LIMITATION, DANCING WITH PROPS, STRETCHING, BARRE WORK, ACROSS THE FLOOR COMBINATIONS, DANCE ROUTINES IN THE CENTER, AND OTHER RELATED ACTIVITIES. I FURTHER UNDERSTAND THAT ALL OF THE ACTIVITIES OF THE DANCE CLASS INVOLVES SOME DEGREE OF RISK OF STRAIN OR BODILY INJURY. ELITE DANCE BY DAMIAN INC. IS NOT RESPONSIBLE FOR PERSONAL PROPERTY.

IN LIEU OF A MEDICAL CERTIFICATE SIGNED BY A PHYSICIAN I HAVE NO KNOWLEDGE OF ANY PHYSICAL OR MENTAL IMPAIRMENT THAT WOULD BE AFFECTED BY THIS NAMED STUDENT'S PARTICIPATION IN THIS PROGRAM WHICH IS OUTLINED IN INFORMATIONAL MATERIAL AT THE STUDIO AND ON THE WORLD WIDE WEB (WWW.ELITEDANCEBYDAMIAN.NET), WHICH I HAVE READ AND UNDERSTAND.

FURTHERMORE, I UNDERSTAND THAT ELITE DANCE BY DAMIAN INC., RESERVES THE RIGHT TO USE ANY PHOTOGRAPHY, VIDEO, RECORDING OR ANY OTHER RECORD OF EVENT OR CLASS FOR PUBLICITY, ADVERTISING, OR ANY OTHER PROMOTIONAL PURPOSES. I ALSO UNDERSTAND THAT ELITE DANCE BY DAMIAN INC. IS NOT RESPONSIBLE FOR ANY BELONGINGS LEFT IN STUDIO OR OUTSIDE STUDIO.

Parent Signature _____ Date _____

ACADEMY PROGRAM (Non-Competitive)

Creative Movement (Ages 3-4)

Level 1 Combo- (Ages 5-7)

Level 2 Combo (Ages 7-10)

COMPETITIVE PROGRAM

Pre-Competitive

Company 1

Company 2

Company 3

Company 4

Standing Private Lesson (33 per year)

MONTHLY TUITION PAYMENTS _____

Registration Fee \$25.00 per student (Non- Refundable)

Tuition Payment holds a student's spot in a class. All Tuition payments are Non-Refundable for any reason.

ACADEMY STUDENTS

First and Last Month Tuition _____ + \$25.00 Registration Fee=Total Due _____

Check# _____ Date _____

COMPANY STUDENTS

First Month Tuition + \$25.00 Registration Fee + \$50.00 Club Fee= TOTAL Due _____

Check# _____ Date _____

