

DANCE FEVER 2010-2011 REGISTRATION FORM

Name: _____ Cell Phone: _____
E-Mail: _____ Other Phone: _____
Parent name(s): _____
Address: _____ Student's DOB _____
City: _____ State: _____ Zip code: _____

Please register my child for the following class(es): *See 2010-2011 class schedule.*

Age Group: _____ Day(s): _____

Please make checks payable to **Dance Fever Studio**

2 equal checks: 09/01/2010 and 02/01/2011 or

5 equal checks: 09/01/2010, 11/01/2010, 01/01/2011, 03/01/2011, 05/01/2011

ALL CHECKS must be received by the studio before the first class. Session tuition is refundable with two week cancellation notice before the beginning of the session. A non-refundable \$100 charge will be assessed as a registration fee for all applicants (\$50 if joined DF after February 1st, 2011).

Each session lasts two months.

Recital costumes are required for each participating student and are due in November. The price for a costume is \$60.00. Each class that your child is enrolled in requires a costume.

I wish to enroll my child in the Dance Fever program.

I agree to pay \$ _____ per session installments. I understand that:

- There will be no refunds or credits for missed lessons. A maximum of 2 make-up lessons per session can be scheduled in advance.
- **Purchases are final for all private lessons** and there is no refund after the series has started. All private lesson appointments are subject to our 24 hour cancellation policy.
- Dance Fever Studio reserves the right to display any group and/or individual photographs.
- The studio is closed for Labor Day, Halloween, Thanksgiving, Christmas and Memorial Day.

As the parent(s) or legal guardian(s) for _____, we hereby give permission for our child to participate in dance training and dance class programs (the "Programs") at Dance Fever, Inc., at its usual place of business at 200 Wells Ave in Newton, MA, and any and all other locations provided by Dance Fever, Inc. for its programs. We understand that dance training and classes are associated with physical exercises, jumping, rotation of the body, limbs and head, stretching, and the like, and that there are risks involved as a result thereof.

On behalf of our child and on our own behalf, we indemnify and hold harmless, and waive all claims against Dance Fever, Inc., its principals, agents, servants, and employees from and against any and all loss, cost, charge, claim, demand, liability, damage, medical expenses, long or short term care, claims for emotional distress, suit or demand, known or unknown, apparent and not apparent, present and future, arising directly or indirectly from any personal injury or property damage loss, including, but not limited to partial or total disability, paralysis, or death, which may occur to my child while on the premises of Dance Fever Inc. or any other location provided by Dance Fever, Inc. and/or under instruction, supervision, or control of Dance Fever, Inc.

We have read, understand, and agree to all of the above-stated terms (please check).

Parent/Guardian Signature

Please print

Date