



482-A Prospect Blvd.
Frederick, MD 21701
301-846-4247

24/7 Dance Studio

Registration Form 2011/2012

Fall
Summer

Parent/Guardian Name _____ Cell # _____

Parent/Guardian Name _____ Cell # _____

Student Name _____ Date of Birth _____

Billing Address _____

School _____ Grade _____ Returning Student _____ New Student _____

Email Address _____ Home # _____

Doctor Name: _____ Phone # _____

Please advise us of any medical conditions that may affect the student's participation in classes provided by 24/7:

How did you hear about us? Internet ___ Newspaper ___ Fredericks Child ___ Phone Book ___

Drive by ___ Frederick Parks & Rec ___ A Friend ___ Friends name _____

Class	Day	Time	Length of Class	Tuition

Sub Total \$ _____ Class Discounts \$ _____ PIF Discount \$ _____ Registration Fee \$ _____ TOTAL PAID _____

There are _____ Installments left at \$ _____ per installment

Trial Class Date _____

Date _____ Amount \$ _____ PIF / M/C / Visa Check/Cash # _____ Initials _____ Mail Code _____

Agreement for Participation

24/7 Dance Studio requests that each student enrolled consult with a physician with respect to any past or present illness or injury that may affect his/her participation in and ability to endure the dance program. I understand that dance classes may include, with out limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury and therefore hold harmless 24/7 Dance Studio and its' employees. 24/7 Dance Studio is not responsible for personal property.

I have received the Course Catalog and agree to adhere to all the content stated therein including:

- *Studio Policies *Classroom Policies *Traffic Pattern *Tuition and Payments
- *Dress Code Rules *Discipline Policies *Attendance Policies *Calendar

I agree to be responsible for reading the studio correspondences and to respect deadlines when appropriate.

24/7 Dance Studio reserves the right to suspend or remove any individual from class in the event of behavioral problems, with an understanding that if the individual is removed, there will be no credit given. 24/7 Dance Studio is not responsible for personal material, injuries, or liabilities. There are **NO REFUNDS** given; a studio credit may be issued after the 2 month minimum is met.

I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Signature: _____ Date: _____

AUTOMATIC TUITION

I have read and agree to all Policies and Procedures found in the 24/7 Dance Studio Course Catalog. I also agree to the dance tuition installments and costume costs being automatically deducted from the credit card provided below: Drafts are done on the first business day of each month. December is costume fee only.

I understand that if payment is not received by the 15th, there is a \$25 late fee and 24/7 reserves the right to withhold participation in classes until account is brought current.

LAST FOUR DIGITS of your credit card number for verification purposes **only**. Your card must be captured into our system. Thank you!

VISA / MC # _____ Expiration _____

Name on Card: _____ Security Code _____

Signature _____ Staff Initial _____

I do NOT wish to do automated payments

By choosing this option, I understand that there is an additional \$5 per installment and they are due on the 1st or the first business day after the 1st. ALL Payments made after this date are subject to a \$25 LATE FEE. I understand that if payment is not received by the 15th, 24/7 reserves the right to withhold participation in classes until account is brought current

Signature: _____ Date: _____
