

dancexcel

50 Pearl Road
Brunswick, Ohio 44212
330-273-5525

Student Name: _____ Date of Birth ___/___/___ Age: ___

Parent/Guardian: _____

Address: _____

City, State, Zip: _____

Telephone Home: _____ Work/Cell: _____

Email Address: _____

How did you hear about dancexcel? Can be more than one.

- | | |
|--|--|
| <input type="checkbox"/> Mimi's full page article | <input type="checkbox"/> Yellow Pages or Yellowpages.com |
| <input type="checkbox"/> Mimi's half page ad | <input type="checkbox"/> Yellow Book or Yellowbook.com |
| <input type="checkbox"/> The Post | <input type="checkbox"/> Google.com/Yahoo.com |
| <input type="checkbox"/> Website dancexcelstudio.com | <input type="checkbox"/> Signs or drive by |
| <input type="checkbox"/> Post card | <input type="checkbox"/> Door hangers |
| <input type="checkbox"/> Referral and if so who? _____ | <input type="checkbox"/> Plain Dealer |

In Case of Emergency Please Contact (if Parent/Guardian not available)

Name: _____ Phone: _____

Class Day	Class enrollment name	Time	Cost
		Tuition	\$
		Registration Fee	\$
		Total Fees	\$

Up-to-date Information

The information listed above is correct:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Waiver of Liability/Agreement to Pay

I understand that tuition is payable in advance. Students may take class only if tuition is current. Tuition will apply to the month in which it is paid and the student is entitled to make-up missed classes with in the same month unless Dancexcel has directed other wise. No refunds or adjustments will be made. No exceptions! No credits will be given for classes missed.

I understand that the student whose name appears on this registration is enrolling in the Dancexcel program. I also understand that monthly tuition fees are due the first week of each month. There is a \$25.00 fee for any NSF checks.

I understand that tuition is based off the yearly charge, and then broken into ten even monthly payments. I understand that tuition will not fluctuate or be adjusted depending on the number of classes held in any given month.

I agree to allow Dancexcel to videotape and/or photograph my child's participation in various dance program activities. I also agree and consent to the release of my child's likeness in videotape or photographs for commercial profit purposes by Dancexcel including but not limited to the promotion of Dancexcel.

I agree that I will not hold Dancexcel or any faculty member or employee of either liable for injuries sustained or illness contracted by me or a student participating in the activities above.

I agree to abide by the rules and regulations of Dancexcel. I have read the above policy statements and waiver of liability and hereby agree to comply with them.

Signature: _____ **Date:** _____
(Parent/Guardian, if minor)