

dancexcel

50 Pearl Road
Brunswick, Ohio 44212
440-785-4354
2007-2008

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

Parent/Guardian: _____

Address: _____

City, State, Zip: _____

Telephone Home: _____ Work/Cell: _____

Email Address: _____

How did you hear about **dancexcel**? _____

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

Name: _____ Phone: _____

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

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. There are No Refunds except for a properly documented extended illness. 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 on the 10th of the month, a late fee of \$10.00 will be charged for late tuition after the 20th of the month, and a \$25.00 fee for any NSF checks.

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)