

Registration Information

Student's Name _____ DOB _____

Address _____ City _____ Zip _____

Primary Phone: _____ Cell Number _____

Parents Name _____ Phone (2): _____

Name of Person responsible for paying fees: _____

Email _____

Email (2) _____

Emergency Name and Number _____

Class Name	Day/ Time

Please initial next to each statement.

_____ There is a **\$25.00 Registration Fee** due at the time of sign-up to hold a spot for your child. This Fee is non-refundable.

_____ Classes must have at least 5 students. In the event that this number is not met, you will be notified one month after classes have started. We will then look to place the student in your alternate choice.

_____ **Costume fees** are due with November's tuition. The costume fee is **\$85.00** each class. Costumes will not be ordered without payment. Costume fees are non-refundable. Fee goes up to \$95 after January 1.

_____ **Recital Fee** is \$60.00 for the first student and \$30.00 for the second. It is due with the February tuition. This fee is for the renting of the theater, lighting, props, backdrops, stage help, etc... **This does not include costumes (\$85). Recital fee is non-refundable.**

_____ **Monthly Tuition** is due by the **5th** of each month. A \$10.00 late fee will be assessed on the 6th of each month if tuition is not paid by the 6th. Statements will be sent out via email. Tuition is based on a yearly fee for total classes provided and not on the number of classes per month. **Allowances have been made for holidays. Monthly Auto Pay processing fee is \$4.50 each payment. Over the phone processing fee is \$6.00 each payment. Fees can be made in the form of Cash, Check, Major Credit Cards, Auto Debt or Money Order.** There is a Return Check Fee of \$35.00 after which all future payments must be paid in cash, credit or money order. There is a **30 day** notice required to drop classes. Tuition is non-refundable.

_____ Please note that there are THREE shows for our Spring Recital. It is possible for your dancer to have to perform in more than one show.

_____ Zoom is available only when students have to miss due to COVID-19.

For studio use only: Registration Fee _____

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Students Name _____ **Date** _____

Release of Liability

As the legal parent or guardian, I release and hold harmless Sharpsburg Dance Academy LLC, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or in route to or from any of said premises. I understand that appropriate physical contact is required during the instruction of dance & tumbling and I give permission for instructors to make appropriate physical contact with me or my child for such instruction.

_____ I've read the above and agree

Under Georgia law, there is no liability for an injury or death of an individual entering these premises if such injury or death results from the inherent risks of contracting COVID-19. You are assuming the risk for you and your dancer by entering these premises. O.C.G.A 51-16-3

Signature _____ **Date** _____
(Parent, Legal Guardian, of Adult Student)

Internet/Photo Release

The website includes information and photos involving Sharpsburg Dance Academy LLC (SDA) activities, performances and competitions throughout the year. Every effort will be made to protect the individual identity of all students involved with SDA. No telephone numbers or addresses will be placed on website. There may also be times that student pictures are pictured in local newspapers. For these reasons we are asking for permission to use yours/your student's photographs in publication regarding SDA.

_____ **I Do:** hereby grant permission to SDA to use my and /or my child's photograph on its World Wide Website or in other publications associated with SDA without further consideration, and I acknowledge the organization's rights to treat the photograph at its discretion.

_____ **I Do Not:** grant permission to SDA to use my and/or my child's photograph in any publications associated with the program.

I understand and agree to the policies listed and assume all financial responsibilities.

Signature _____ **Date** _____
(Parent, Legal Guardian, of Adult Student)

Phone # _____

Email _____

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