2016- 2017 Registration Form

Student Information

Please complete the section below in its entirety for the **registering student**.

Last Name: _____ First Name:_____ Middle Initial:_____

Street Address: _____ City: _____ State: _____

County: _____ Zip Code: _____

Home #:_____ Work#: _____ Cell #:_____

Age: _____ Date of Birth: _____ Gender: _____ Ethnicity: _____

Primary Email Address: _____ Secondary Email Address: _____

Emergency Contact: _____ Relationship: _____ Contact #: _____

Please list any physical and/ or medical conditions (i.e. surgery, medications, etc.). _____
_____

Please complete the section below if registering student is under the age of 18.

Parent Contact Information

Last Name: _____ First Name: _____ Middle Initial: _____

☐ Please check here if contact information is same as registering student's information listed above.

Home #: _____ Work #: _____ Cell#: _____

Primary Email Address: _____ Secondary Email Address: _____

Please list student's previous dance study experience

School/ Studio	Dance form(s)	Years of Experience	Comments

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Payments
I understand and agree to the terms and agreement [i.e. payment methods, installment agreement, refund policy, delinquent payments, and tuition deadlines] as stated in the said Payment Policy Agreement Form. In signing this, I consent that I understand and agree.

Tardiness and Absenteeism
Tardiness and absenteeism without prior notification will not be accepted. Consistency with attendance is strongly encouraged to ensure maximum effectiveness of dance instruction. Please be mindful that lateness is very disruptive to the other students of the class. You WILL NOT be allowed to participate in class if you are more than 10 minutes late. You will be asked to watch. This is for your safety. The first 15-20 minutes of any class is warm-up; if you do not warm the muscles up and stretch sufficiently you can injure yourself.

Behavior
If a student is misbehaving and not adhering to the rules and regulations of our classes, they will first be reprimanded with the guardian's notification. If it occurs again, the student will be asked to sit down for the remainder of the class. If it occurs for a third time, the student will be asked not to return unless accompanied by the guardian.

Photo Release & Consent
You hereby assign and grant Divine Dance Institute Inc., the right/permission to copyright, use and publish photographs, videos or the like, made through any media for any lawful purpose. By signing this form, you waive your right to inspect or approve any advertisement, script, or finished product used in connection there within. You also waive your right to receive any compensation, credit, or any award for use of the image(s). You release and discharge DDI, its' successors and all persons acting under its permission or authority, from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form that may occur or be produced in the taking of said picture/video footage or in any processing tending toward the completion of the finished product.

Health Awareness
All students/parents should recognize there is a risk of illness or injury inherent in any exercise or dance program. Furthermore, no program of strenuous exercise should be undertaken contrary to the advice of a physician or while suffering from any illness. All students should consult their physician before beginning any program of strenuous physical activity such as a dance class.

Pertinent Health Issues
Please note here any physical, developmental, or emotional conditions you and/or your child(ren) may have designated in the Student Information section, above. This information is confidential and will be shared only with relevant instructional staff.

Please read carefully and sign below.

[A] I attest that I have read the class policy regarding Tardiness and Absenteeism, Behavior, and Health Awareness and agree to the terms stated above.

[B] I hereby release, acquit, and agree to indemnify and hold harmless Divine Dance Institute, Amanda F. Standard, its employees, volunteers, agents, and its successors and assigns from any liability or claims of any kind whatsoever resulting or arising from my/my child(ren)'s participation in any programs offered or sponsored by DDI.

Student's Name:_____ **Student's Signature:**_____

Please complete the section below if registering student is under the age of 18

Parent's Name: _____ **Parent's Signature:**_____

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There Is a One Time Installment Fee of $25 - Per Semester, Per Family

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name (Please Print) _____

Credit Card #: _____-_____-_____-_____ **Expiration Date**: _____

Billing Zip Code _____ **CVV2** (3-digit number on back of Visa/MC, 4 digits on front of AMEX) _____

I authorize all information indicated is accurate and complete. I authorize the named business to charge the credit card indicated in this authorization form according to the terms outlined in the Divine Dance Institute *Payment Policy Form*. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. I acknowledge that all goods/services may be immediately terminated at Divine Dance Institute's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts, invoiced, or changes in the status of this card should immediately be reported to divinedancegroup@gmail.com. **Note:** Divine Dance Institute (DDI) cannot independently confirm whether or not a credit card presented is a debit card. Should you provide a debit card for payment, you hereby accept full responsibility for charges processed to the card, including those assessed by your financial institution.

SIGNATURE: _____ DATE: _____

Office Use ONLY

Date of Registration: _____ **Academic Semester:** _____

DDI Administrator Completing Registration:_____

Enrollment Classification: ☐ New Student ☐ Existing Student ☐ Old Student Returning

Student Enrollment

Class	Level	Day	Time	Studio	Instructor

Payment Information

# of Classes _____ **Reg. Fee $**_____ **Tuition Amount $**_____ **Inst. Fee $**_____

☐ **Inst. Agr**
Monthly Tuition Amount: $_____

☐ **Full Pymt**
Discount % & Reason _____

Semester Total: $_____

Total Paid on Day of Registration $_____

Additional Notes/ Comments:

_____

_____

_____