DIAMOND DANCE PROJECT REGISTRATION FORM

New Student

Returning Student

Section 1		
Student's Full Name	D.O.B/Age	
Parent's or Legal Guardian's Names		
Street		
City Zip Home I	Phone	
Work Phone [] Cell Phone []	Email	
Emergency Contact (other than parent)		
Relationship to Student		
Does the student have any ailments or restrictions? Yes /No If yes, please explain:		
Section 2 (Please fill out this section if you are a new studen	nt)	
How did you hear about us?	Has the student had any previous dance training? Yes No	
Name(s) of current or previous dance school(s)	· · · · · · · · · · · · · · · · · · ·	
Section 3		
Please list the intensive your child will be enrolling in-		
*Must have a minimum of 6 students enrolled to open a new class. Interested parties will be notified as soon as a new class opens.		
Class/Day/Time:		
Class/Day/Time:	-	
Class/Day/Time:		
	2)	
Address		
Phone []		
Photographic Release		

I agree that my child's picture or likeness can be represented and published in any Diamond Dance Project publication or media.

Release of Liability

As the legal parent or guardian, I	(Parent/Legal Guardian's Name)	
understand I am enrolling	(Student's Name) in a program of strenuous physical	
activity, offered by Diamond Dance Project. I release and hold harmless Diamond Dance Project, its owners and operators from any and all liability,		
claims, demands, and causes of action whatsoever, arising out of or related to a	ny loss, or damage, including but not limited to soreness or injury,	
even death, however caused occurring before, during or after participation in any other of the above stated programs offered at Diamond Dance		
Project or at any time, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the		
control and supervision of Diamond Dance Project, its owners and operators or in route to or from any of said premises.		

Medical Emergency

The undersigned gives permission to Diamond Dance Project, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician ______ be called and that my child be transported to _______ hospital.

Payment and Tuition Information

Tuition is due by the first of each month and paid in full, or as advertised for specials and/or seasonal sessions; prior to the dancer's first scheduled class time. Monthly tuition rate is based on an average for the entire session and is discounted from individual class rates per hour, thus does not get affected whether there are 2, 3 or 4 danceable weeks during each month. If accounts are paid after the 5th of the month, there will be a \$10.00 late fee applied to the account balance as of the 6th. If tuition is not received by the 10th of the month, the dancer will be placed on probation and WILL NOT be allowed to attend class. All tuition payments will be charged 3.0% KPB (outside of city) sales tax, included within advertised rates. There is a \$25.00 returned check charge for any checks returned by the bank. Tuition will not be prorated per month for missed days (i.e. birthday parties, sickness, etc.), holidays or school vacations. Dancer's tuition is expected to be paid in full, for the entire month; regardless of attendance. January tuition (for each New Year) is collected prior to Winter Break. Drop-In payments are recommended for families who cannot commit to the entire season dates! Drop-In Class rate DOES NOT apply to D.Em Squad dancers, nor may be utilized as a supplement for proration. Costume deposits are due at the time of registration. All dancers who enroll in the monthly tuition program 1-month prior to these annual performance dates. There are NO refunds or exchanges given for any reason, as classes are formulated/finalized based on the amount of registered dancers. I understand that if my child withdraws from the program, that all fees and deposits are 100% non-refundable. Please review our studio policies. (EVENT RETURN POLICY: NO Refunds or Exchanges. All Sales Final!)

By signing this form, the parent/adult is assuming any and all responsibility for the student, including financial obligations.

□ I've read all of the above and the Studio Policies and Agree to all Terms.

_____ Date___/____ Signature of Parent or Legal Guardian, if student is under age 18, or student age 18 and older

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