

**SOUTH FLORIDA DANCE COMPANY
SUMMER REGISTRATION FORM 2018**

529 NW Prima Vista Blvd., Suite 309 Port St. Lucie, FL 34983 Telephone (772) 336-1450 Fax (772) 336-1477
www.sfdancecompany.com

STUDENT(S) ENROLLING

First Name _____ Last Name _____ D.O.B. _____ Sex: _____

PARENT/GUARDIAN INFORMATION: (PLEASE PRINT NEATLY)

(Last) _____ (First) _____

Home Address: _____ City _____ State _____ Zip _____

Phone: (Home) _____ (Work) _____ (Cell) _____

(E-mail) _____

Medical Issues: _____

Emergency Contact : _____ (phone) _____

****Please check appropriate program(s)****

_____ Summer Intensive Session 1: 7/9-7/20: Ballet level 4/5/Teen [2 weeks Monday- Friday 9:00am-2:00pm] \$400

_____ Summer Intensive Session 1: 7/9-7/20: Ballet level 2/3 [2 weeks Monday- Friday 9:00am-2:00pm] \$400

_____ Summer Intensive Session 2: 7/23-8/3: Ballet level 4/5/Teen [2 weeks Mon/Wed/Fri 9:00am-1:00pm] \$200

_____ Summer Intensive Session 2: 7/23-8/3: Ballet level 2/3 [2 weeks Mon/Wed/Fri 9:00am-1:00pm] \$200

I understand that a \$50 non-refundable deposit is to be paid to reserve my spot, and that the balance of the Summer Intensive Program must be paid in full by the start of each session. I understand that all unpaid balances will be auto changed on the first day of each session.

Parent or Student Signature (if student is over 18)

Date

Payment By: one of the following

Bank Name: _____ Routing # _____ Account # _____

Card Number _____ Exp: _____ CVV# _____

Polices and Guidelines

Please read and initial

_____ I acknowledge to have read the terms of this agreement in its entirety. I understand that under the terms of this agreement, the Dance Studio obligates itself to furnish the student with competent instruction and suitable facilities for teaching lessons. All class sessions are supervised by qualified personnel trained in the procedures and traditions of dance instruction. Student(s) hereby represent that he/she is physically able to take the prescribed course of instruction.

_____ I understand that tuition is to be paid as outlined on page 1 of this form and is not affected by lesson schedule/attendance.

_____ I acknowledge that **SFDC** is not responsible for any injuries a pupil may receive while on the premises. Each student assumes the risk involved in participating in any Dance related classes or performances. I release the school, its staff members, and any fellow students from any liabilities resulting from any personal injury and/or loss of personal property. I hereby agree to all terms and conditions of the liability waiver.

_____ I will faithfully comply with all rules and regulations of South Florida Dance Company facility. I further understand that failure to complete the lessons does not relieve me of my obligation to pay the tuition in full. **I also agree that NO tuition will be returned to a student for any reason.**

_____ I authorize South Florida Dance Company to charge my account in accordance with the agreement on page 1 of this form.

_____ I agree to pay the facility for the instructional services rendered the fee listed in the registration form, payable in installments as agreed. I understand that my account will be debited on the day and in the amount agreed to with the school. I acknowledge that there will be a \$25.00 fee for each returned check due to insufficient funds. Note: a \$10.00 late charge will be assessed for any payments seven days past due.

_____ All parents and students will conduct themselves in the utmost appropriate manner at all times, including performances and events outside of the Facility, representing South Florida Dance Company.

Parent or Student Signature (if student is over 18)

Date

Printed Name

South Florida Dance Company Personnel Signature

Date

South Florida Dance Company will be videotaping and/or taking photographs of our students in class, special events and performances. We would like your permission to use these photographs for publicity purposes, and to show you and the community organizations some of the programs at **SFDC**.

Parent's signature required _____ *Date* _____