

dancers' corner

93 pine street
white river jct., vt 05001
802.296.2526

dancerscorner.net

registration form

not applicable for pre-school program

2018-2019

Student's Name(s) _____ Birthdate(s) _____
Address _____ State _____ Zip _____
Home Phone _____ Email _____
Cell Phone _____ Emergency Contact _____ Phone # _____

Class	Day	Time

Release of Liability

Dancing is a physical activity. We at dancers' corner will not make an evaluation as to whether you/your child is fit for this activity. If you/your child is physically impaired, it is your responsibility to obtain a physician's assessment of you/your child's limitations. It is always advisable to consult a physician before undertaking any physical exercise program. dancers' corner does not carry medical insurance for you/your child. It is your responsibility to provide medical coverage for you/your child. You hereby waive any claims against dancers' corner and its employees and agree that you/your above signed child is participating voluntarily.

Parent /Guardian signature _____ Print _____ Date _____

Standard Photo Release

I hereby give my consent for dancers' corner to use my/my child(ren)'s photograph and likeness to be used in its publications, including its website. I release dancers' corner from any expectation of confidentiality for the above signed minor child(ren) and myself and attest that I am the parent or legal guardian of the child(ren) listed above.

Parent/Guardian signature _____ Print _____ Date _____

Payment Policy

I understand tuition is based on a total fee for a 35 week session. Payments can be made in 10 installments (due the 1st of each month) or in 4 installments (see payment schedule). I am not actually paying for the number of weeks in a month, rather installments for the entire 35 week session. Therefore, payments will never be pro-rated. If my child misses classes, he/she is entitled to a make-up class within 30 days. If I enroll later in the year, the same rates and policies apply.

If my child chooses to stop coming to a class, *I must notify the office by phone or in writing or I will continue to be responsible for the tuition.* After I have withdrawn my child from a class, his/her place in class will not be held and will then be available to those on the waiting list.

Payment, including a \$20 registration fee, must accompany registration. Places in class will not be held without payment. Classes are filled on a first come, first served basis. I understand refunds are not offered.

Invoices will no longer be sent through the mail. Email reminders will be sent out when invoices become due.

I, the undersigned, am solely responsible for all payments for _____
Student's name

Signed _____ Print _____ Date _____