



## DANCE REGISTRATION FORM SUMMER DANCE WORKSHOP

July 5 - August 13, 2022 (6 week session)

\_\_\_\_\_

Student(s) Last Name First Name

\_\_\_\_\_

Billing Name Mother/Guardian Name Father/Guardian Name

\_\_\_\_\_

Billing Address City State Zip Code

\_\_\_\_\_

Home Phone (mother/guardian) Work Phone Cellular Phone Email Address

\_\_\_\_\_

Home Phone (father/guardian) Work Phone Cellular Phone Email Address

If parent/guardian is unable to be reached, please contact: \_\_\_\_\_  
Emergency Contact / Relationship / Contact Number

<b>1st Student's Name:</b>	<b>Birth Date:</b>	<b>Age:</b>	<b>Email:</b>	<b>Cell #:</b>
<input type="checkbox"/> Package Plan <input type="checkbox"/> Per Class				
Class: _____	Day: _____	Time: _____	Length: _____	Studio: _____
Class: _____	Day: _____	Time: _____	Length: _____	Studio: _____
Class: _____	Day: _____	Time: _____	Length: _____	Studio: _____
Class: _____	Day: _____	Time: _____	Length: _____	Studio: _____
<input type="checkbox"/> New Student <input type="checkbox"/> Returning Students    Years of Training: _____				
Physical or learning conditions that the studio should be aware of must be listed and accompanied by a doctor's note (e.g., asthma):				

<b>2nd Student's Name:</b>	<b>Birth Date:</b>	<b>Age:</b>	<b>Email:</b>	<b>Cell #:</b>
<input type="checkbox"/> Package Plan <input type="checkbox"/> Per Class				
Class: _____	Day: _____	Time: _____	Length: _____	Studio: _____
Class: _____	Day: _____	Time: _____	Length: _____	Studio: _____
Class: _____	Day: _____	Time: _____	Length: _____	Studio: _____
Class: _____	Day: _____	Time: _____	Length: _____	Studio: _____
<input type="checkbox"/> New Student <input type="checkbox"/> Returning Student    Years of Training: _____				
Physical or learning conditions that the studio should be aware of must be listed and accompanied by a doctor's note (e.g., asthma):				

<b>3rd Student's Name:</b>	<b>Birth Date:</b>	<b>Age:</b>	<b>Email:</b>	<b>Cell #:</b>
<input type="checkbox"/> Package Plan <input type="checkbox"/> Per Class				
Class: _____	Day: _____	Time: _____	Length: _____	Studio: _____
Class: _____	Day: _____	Time: _____	Length: _____	Studio: _____
Class: _____	Day: _____	Time: _____	Length: _____	Studio: _____
Class: _____	Day: _____	Time: _____	Length: _____	Studio: _____
<input type="checkbox"/> New Student <input type="checkbox"/> Returning Student    Years of Training: _____				
Physical or learning conditions that the studio should be aware of must be listed and accompanied by a doctor's note (e.g., asthma):				



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I, the parent/guardian, have read the DanzJazz class brochure and fully understand all policies and procedures of the DanzJazz workshop. I understand and acknowledge that my child is/children are able to participate in all the physical activities involved with the dance workshop, including but not limited to recitals, concerts, and performances.

I understand that 30% partial payment upon registration is required for package plans. I understand that the Spring, Summer and Fall Workshop Package Plans as well as the One (1) Year Plan and One (1) Month Plan tuition payments are due at the end of each workshop. If classes are discontinued, I must notify the studio in writing and the tuition obligation will stop thirty (30) days after the notice has been received by the studio. DanzJazz Dance Studio reserves the right to cancel lessons, classes, or workshops with low enrollment – minimum of four (4) students. If so, we will recommend a new class for the student to attend. I hereby agreed to comply with my payment plans and all classes must be completed within the enrolled workshop. Any unfinished classes cannot be carried over for the next workshop.

I have read the Signature Dancewear Costumes Agreement and fully understand the policies and procedures of ordering. I understand that I am responsible for the costumes once payment has been made. I understand that all costume payments are due upon receipt of items and are non-refundable.

### STUDENT MEDIA RELEASE STATEMENT:

I give my permission for DanzJazz Dance Studio to use any photos, videos, and names of above student(s) for educational and promotional reasons in an effort to showcase our DanzJazz Dance Program events via the studio's social media outlets, website, newspapers, local radio stations and/or local TV news stations.

### WAIVER:

I understand that the studio is not responsible for any personal belongings not owned by the studio. In consideration of participation in our DanzJazz Dance Program Events, I hereby agree to release any and all rights and claims against DanzJazz Dance Studio and all its representatives (staff, instructors, and their sponsors) of any claims for injuries that may occur to the student, parent, or any other person. I agree to uphold any and all policies established by the studio. DanzJazz has established safety protocols within recommended guidelines from DPHSS, including but not limited to temperature checks, mandatory face mask for entry, hand sanitizers, cleaning/disinfecting, social distancing, education/awareness and other safety measures that will help prevent the spread of the coronavirus. I acknowledge that such protocols are preventative measures, but do not guarantee full protection from contracting the virus and that by attending classes at DanzJazz, I take full responsibility of the risks associated with the spread of the virus for my son/daughter and anyone else whose behalf I make this registration. In consideration of signing this registration form, I for myself and anyone entitled to action on my behalf, waive and release DanzJazz, any sponsor, their owners, instructors, employees, representatives, officers and successors from all claims/liabilities of any kind arising out of enrolling and participating in the classes and/or related activities.

I have read and agreed to all above terms.

**Accepted & Confirmed by:**

\_\_\_\_\_  
Print Name: Parent/Guardian

\_\_\_\_\_  
Signed by: Parent/Guardian

**Date Confirmed:**

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
C'zer M. Medina  
DanzJazz Dance Studio Director



## TUITION FEE RATE, POLICIES, AND PROCEDURES

### Summer 2022 Dance Workshop

July 5 - August 13, 2022 (6 week session)

- **PER CLASS - \$11.50** (Jazz, Hip-Hop, Ballet, Tap, Tumbling & others)
- **PACKAGE PLAN (PER STUDENT) - \$160** (6 week session)

#### Check one of the following class level:

- \_\_\_\_\_ PRE-DANCE (JAZZ, HIP HOP, BALLETT, TAP, TUMBLING)
- \_\_\_\_\_ BEGINNING 1&2 (JAZZ, HIP HOP, BALLETT, TAP, TUMBLING)
- \_\_\_\_\_ INTERMEDIATE 1, 2, & 3 (JAZZ, HIP HOP, BALLETT, TAP, TUMBLING)
- \_\_\_\_\_ ADVANCED LEVEL I, II, III & IV (Junior/Teen/Senior) (JAZZ, HIP HOP, BALLETT, TAP)
- \_\_\_\_\_ PRO AM ADVANCED LEVEL (Professionals/Instructors ) (JAZZ, HIP HOP, BALLETT, TAP)
- \_\_\_\_\_ BALLROOM Single/Couple/Group (SALSA, TANGO, SWING, WALTZ)
- \_\_\_\_\_ ADULT DANCE (JAZZ, HIP HOP, TAP, LATIN JAZZ)

#### Payment Agreement:

- \* Deposit is non-refundable and non-transferrable.
  - \* 30% down payment upon registration is required for Package Plan.
  - \* Tuition Fees are due every 15th of each month under the Package Plan.
  - \* \$10.00 late fee is subjected to late monthly payments.
  - \* BALANCE MUST BE PAID IN FULL by the end of each Workshop.
  - \* 17% late fee will be subjected after 30 days of Outstanding Accounts.
  - \* \$30.00 Service Charge for each Returned Checks.
  - \* \$50.00 Cancellation Fee for any Package Plan.
  - \* Claims and Collection Fees will be at your own expense.
  - \* Payment by Cash or Check is accepted with no convenience fee.
  - \* All Debit /Credit Card payments will be processed as a credit transaction. A convenience fee will be assessed on each transaction.
- All payment plus 2.75%

#### Accepted & Confirmed by:

\_\_\_\_\_  
Print Name: Parent/Guardian

\_\_\_\_\_  
Signed by: Parent/Guardian

#### Date Confirmed:

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
C'zer M. Medina  
DanzJazz Dance Studio Director