

Footlite School of Dance - Returning Student Registration

I, _____ (Parent/Guardian) authorize _____
(student name) to continue with Footlite School of Dance through the next dance season. I can confirm that my information on the studio director (address, medical, e-mail/phone etc) is accurate and can be used for any purposes relating to my child and Footlite School of Dance.

Emergency Medical Release (students 18 or under)

I declare that I am the parent/legal guardian of the above named student. I have full custody and control of the child. In the event that my child is injured or should require medical attention, I hereby request you to contact our family physician. In the event that the doctor cannot be reached, I hereby authorize you to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees/costs associated with my child's treatment.

Signed: _____ **Date:** _____

Liability Waiver

NO REGISTRATION WILL BE ACCEPTED WITHOUT A SIGNED WAIVER:

In consideration of the opportunity afforded myself and/or my child by Lori Weaver and staff, I hereby release Lori Weaver and staff from all actions, damages, claims and demands, in law or in equity, of every kind and character I may now or hereafter have against them.

Signed: _____ **Date:** _____

Photograph & Video Approval Form

I, give permission to any teacher/assistant at Footlite School of Dance to take photo's or videos of my student.

The above named person gives consent for photograph's and/or video's of their child/ children also named above to be used as media images on the school's website and social media sites. Photo's and/or video's will also be shared occasionally with parent's/guardian's for them to help their children at home with routines and technique throughout the year.

We do not wish for parent's/guardian's to enter their child's class to take photo's or video's without permission. We also like all routines to be somewhat of a surprise to parent's/guardian's, therefore full video's of routines must not be taken prior to recital. We thank you for your understanding.

Signed: _____ **Date:** _____

Credit Card Authorization

Credit Card #: _____ **Exp Date:** /

By signing the credit card authorization section of this form you are giving Footlite School of Dance permission to withdraw your child's monthly tuition from the bank account shown above, on the 1st of every month. Footlite will also use the account above to withdraw all other dance fees (costume deposit/recital etc.), if these fees are not paid by cash or check on the dates shown on our annual calendar. Please refer to the payment schedule on the annual calendar for all fees and due dates.

Signed: _____ **Date:** _____

Billing/Payment

Tuition is due on the 1st of every month. Every parent/guardian must complete the credit card authorization part above in order for us to automatically withdraw tuition. Cash/Check is accepted, however a \$15 late fee will be added to any late payments.

THERE ARE NO REFUNDS ISSUED ON ANY MONTHLY TUITION. YOUR DANCE MEMBERSHIP STARTS ON THE DAY YOU SIGN UNTIL MAY 31ST. WE ARE UNABLE TO STOP PAYMENT FOR MISSED CLASSES/MONTHS.

NO REFUNDS WILL BE ISSUED ON COSTUME DEPOSITS AFTER DECEMBER 31ST.

NO REFUNDS WILL BE ISSUED ON RECITAL FEES AFTER MARCH 1ST.

Signed: _____ Date: _____

OFFICE USE ONLY

Total Due: _____ Registration Fee: _____ Monthly Tuition: _____

Amount Paid: _____ Balance Due: _____

Cash: _____ Check #: _____ Auto/CC Pay: _____ Auto/CC Date: _____

CLASSES