



482-A Prospect Blvd.  
Frederick, MD 21701  
301-846-4247

# 24/7 Dance Studio

## Registration Form 2016/2017

Fall   
Summer

Parent/Guardian Name \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell # \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Home # \_\_\_\_\_  
(EMAIL IS OUR PRIMARY FORM OF CORRESPONDENCE)

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Years @ Studio Completed \_\_\_\_ School \_\_\_\_\_ Grade (Fall) \_\_\_\_ Sex: M/F New Student: Y / N

Doctor Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Please advise us of any medical conditions that may affect the student's participation in classes provided by 24/7:

\_\_\_\_\_

How did you hear about us? Internet \_\_\_\_ Newspaper \_\_\_\_ Fredericks Child \_\_\_\_ Phone Book \_\_\_\_ Event \_\_\_\_

Drive by \_\_\_\_ Birthday Party \_\_\_\_ Frederick Parks & Rec \_\_\_\_ A Friend - Name \_\_\_\_\_

### Agreement for Participation

24/7 Dance Studio requests that each student enrolled consult with a physician with respect to any past or present illness or injury that may affect his/her participation in and ability to endure the dance program. I understand that dance classes may include, with out limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury and therefore hold harmless 24/7 Dance Studio and its' employees. 24/7 Dance Studio is not responsible for personal property.

I have received the Studio Guide and agree to adhere to all the content stated therein including:

\*Studio Policies \*Classroom Policies \*Tuition and Payments \*Attendance Policies \*Calendar \*Dress Code  
\*Video/Photo Release for Advertising/Social Media \***Dress Rehearsals May 31 June 1 & 2, 2017** \***Recitals June 3 & 4**

I agree to be responsible for reading the studio correspondences/emails and will respect deadlines when appropriate.

24/7 Dance Studio reserves the right to suspend or remove any individual from class in the event of behavioral problems, with an understanding that if the individual is removed, there will be no credit given. 24/7 Dance Studio is not responsible for personal material, injuries, or liabilities. Tuition and registration fees are **NON REFUNDABLE**; account credits may be issued after the 2 month minimum is met. Exception: medical reasons with a doctor note or family relocation out of area. A \$25 processing fee will be charged.

**I hereby acknowledge that I have read the statements above and agree to participate accordingly.  
I will adhere to the dress code requirements.**

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Class	Day	Time	Length of Class	Tuition

Sub Total \$ \_\_\_\_\_ x \_\_\_\_\_ % Discount = \$ \_\_\_\_\_ PIF Discount \$ \_\_\_\_\_ +Registration Fee \$25/\$40  
TOTAL DUE \_\_\_\_\_ There are \_\_\_\_\_ Installments left at \$ \_\_\_\_\_ per installment

## Credit Card Authorization Payment Plan

I do NOT wish to do automated payments

By choosing this option, I understand that there is an **additional \$5 per installment payment** and they are due on the 1st or the first business day after the 1st and by the 7th ALL Payments made after the 15th are subject to a \$25 LATE FEE. I understand that if payment is not received by the 15th, 24/7 reserves the right to withhold participation in classes until account is brought current

Please bill my card automatically:

I have read and agree to all Policies and Procedures found in the 24/7 Dance Studio Guide. I also agree to the dance tuition installments and costume costs being automatically deducted from the credit card provided below: Drafts are done on the first business day of each month. December is costume fee only. I understand that if payment is not received by the 15th, there is a \$25 late fee and 24/7 reserves the right to withhold participation in classes until account is brought current.

VISA / MC # \_\_\_\_\_ Expiration \_\_\_\_\_

Name on Card: \_\_\_\_\_ Security Code \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Staff Initial \_\_\_\_\_

Date _____	Amount \$ _____	PIF / M/C / Visa _____	Check/Cash # _____	Initials _____
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