

# INNER LIGHT

dance center  
*start the spark*

STUDENT	PARENT/LEGAL GUARDIAN
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Street: _____	Street: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: (____) _____ - _____	Home: (____) _____ - _____
DOB: ____/____/____ Age: _____	Cell/Work: (____) _____ - _____
School/Grade: _____/_____	Email: _____
<input type="checkbox"/> Female <input type="checkbox"/> Male	Facebook User: <input type="checkbox"/> Yes <input type="checkbox"/> No
Facebook User: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Returning Student                      OR                       New Student

### How did you hear about us?

Flyer     Website     Facebook     Friend     Other : \_\_\_\_\_

### CLASS REGISTRATION

CLASS	DAY	TIME	INSTRUCTOR	HOURS
			<b>Total Hours</b>	
			1st Month Tuition	
			Registration Fee	\$50.00
<b>*** \$10 surcharge for Ballet III &amp; IV***</b>				
			<b>Total Due</b>	

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Registration Fee:**

A registration fee of \$50.00 is due at that time of registration. A 2<sup>nd</sup> dancer registration fee is \$40.00. A 3<sup>rd</sup> dancer registration fee if waived.

**Class Registration:**

Class registration is done on an ongoing basis. You may add a class anytime during the month and the tuition will be prorated for the balance of that month.

*Please initial to confirm your understanding of this policy. \_\_\_\_\_*

**Cancellation Policy:**

**Dropping a class(es) or discontinuing all dance classes, requires a 30-day notice to be given at the BEGINNING of the month. (example, notice is given on January 1<sup>st</sup> or 15th, payment for the month of January is due. )**

*Please initial to confirm your understanding of this policy. \_\_\_\_\_*

**Payments:**

**Monthly tuition payments are due on the 1<sup>st</sup> of each month. There is a \$15.00 late fee for all payments over 10 days late.** Please understand students may not be allowed to participate if payments are past due.

*Please initial to confirm your understanding of this policy. \_\_\_\_\_*

**Absences:**

All classes are paid for in full at the beginning of each month. Classes missed for personal reasons, illness, or choice are not pro-rated or credited. The value of a missed class is not refundable or transferable. We highly encourage students to make up missed classes. ***You may only make-up classes in other comparable classes within a month of the class you missed.***

*Please initial to confirm your understanding of this policy. \_\_\_\_\_*

**I understand and agree the above listed policies, terms, & conditions.**

X \_\_\_\_\_

Date \_\_\_\_\_

**A service fee of 4% will be added to all credit card transactions.**

*I would like to set-up an automatic payment of my monthly tuition via credit card* and I understand I will be charged at the beginning of the month and a 4% service fee will be automatically added

**Credit Card Number:** \_\_\_\_\_ **3 Digit Code on Back:** \_\_\_\_\_

**Type of Card:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Cardholder's Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Billing City/State/Zip:** \_\_\_\_\_

**Billing Phone Number:** \_\_\_\_\_

I hereby authorize Innerlight Dance/ IDC/ D and T Enterprises to charge my credit card on a monthly basis for tuitions owed based on the schedule indicated on my student's registration card or change registration card.

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Waiver of Liability and Medical Release  
Assumption of Risk and Indemnity Agreement**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Mother's Cell:** \_\_\_\_\_

**Mother's Address:** \_\_\_\_\_ **Mother's Work:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Father's Cell:** \_\_\_\_\_

**Father's Address:** \_\_\_\_\_ **Father's Work:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

I/We, the undersigned, certify that \_\_\_\_\_ (student) is in good physical health and is able to participate in dance and/or tumbling and/or all activities of Innerlight Dance/ IDC/ D and T Enterprises.

I/We understand that Innerlight Dance/ IDC/ D and T Enterprises does not require me/my child to participate in this activity, but I want to do so, despite the possible dangers and risk and despite the Release. I/We also understand that there is a risk of inherent dangers and I/we recognize and understand that certain risks are inherent in a physical activity including the possibility of physical injury. I/We understand that participation in any or all the activities at Innerlight Dance/ IDC/ D and T Enterprises is voluntary.

I/We hereby voluntarily assume any risk for accidents and/or injuries that occur as part of normal activity Innerlight Dance/ IDC/ D and T Enterprises, its governing board, its agents, and employees DO NOT assume any liability associated with Innerlight Dance/ IDC/ D and T Enterprises activities. I/We recognize that this release means I am giving up, among other things, rights to sue the I, its governing board, employees, and agents for injuries, damages, or losses I/we may incur. I/we also understand that this release binds my heirs, executors, administrators, and assigns, as well as myself.

I/We hereby give permission to and authorize any medical professional and others working under their supervision to treat me/my child for any injury or illness arising from or related to Innerlight Dance/ IDC/ D and T Enterprises activities. In addition, I/we understand that in an emergency situation, effort will be made by the staff to locate me and/or the guardian before action is taken. I/We further do accept to pay any and all such medical expenses, costs and other charges arising out of any such medical treatment.

I hereby grant permission for photographs of me/my child to be taken during IDC classes, rehearsals, and events. These photographs may be used by Innerlight Dance/ IDC/ D and T Enterprises for publicity purposes including brochures, advertisements, web-based publications and/or news releases at the discretion of Innerlight Dance. I do grant permission to use photos of me/my child for the purpose of Advertising and Promoting with Innerlight Dance/ IDC/ D and T Enterprises. I also agree to receiving information on upcoming events in the mail or to the above email address.

Payment: Monthly tuition payments are due on the 1<sup>st</sup> of each month. Other payments may be due on the designated and announced dates. There is a \$15.00 late fee for all payments over 10 days late. I understand students may not be able to participate if payments are past due.

I have read and fully understand the above rules, responsibilities, and agreements.

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

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_