



Summer Registration 2017

Please fill out a separate form for each participating student. Participation will not be allowed until we have received a fully filled out and signed registration/consent for each student.

Fees for classes

½ hour class: \$25.00/month, 1 total hour of class: \$40.00/month, 1 ½ total hours of class: \$50.00/month, 2 total hours of classes \$60.00/month. Any time exceeding 2 hours is \$10.00 per hour. If there are 2 children in the same family the pricing is for time allotted per family, NOT per child. For example, if 2 children each took 1 hour, the total cost for both hours would be \$60.00 (not \$40 each).

We also have an unlimited class option: a 1 student family pays \$75.00 per month for unlimited classes, a 2 student family pays \$85 per month, a 3 student family \$95.00 per month, and a family of 4 is \$100 per month with an additional \$5 per month per each additional student.. This does not include private lessons or fitness classes. At the time of enrollment each student is required to pay one months fees. All monthly fees are due on the 15th of each month and will incur a \$10.00 late fee after the 20th of each month.

Accepted payment methods include cash and check. Please make checks payable to Creations Dance Studio.

Participant Name: _____	Age: _____
Class #1: _____	Day/Time: _____
Class #2: _____	Day/Time: _____
Class #3: _____	Day/Time: _____
Class #4: _____	Day/Time: _____
Name of parent: _____	Home phone: _____
Cell phone: _____	Emergency phone number: _____
Address: _____	
Email: _____	Do you wish to be on our Email list? Yes/no

Waiver: Participants in Creations Dance Studio's activities are not covered by medical or accidental insurance. Each participant must furnish his or her own personal coverage. Dance and tumbling activities have inherent elements of danger. Participant or parent permission is needed to call an ambulance in an emergency. As a participant (or parent of participant under the age of 18 years of age) I hereby to save harmless and indemnify Creations Dance Studio, its trustees and employees from any responsibility for any accident, injury, or damage that may occur as a result of the participant's acts or omissions. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

Signature of parent/guardian: _____ **Date:** _____