

# FLASH POINTE DANCE

1657 Post Road, Fairfield, CT 06824

203-259-1600

www.FlashPointeDance.com

Date Registered: \_\_\_\_\_

FPD Rep \_\_\_\_\_

## 2017-2018

### STUDENT REGISTRATION FORM

Registration Fee: \$35 per Student (\$25 per each additional family member) \$60.00 Tuition deposit. Non-refundable/non-transferable.

**STUDENT** \_\_\_\_\_ Academic \_\_\_\_\_ Academic Grade \_\_\_\_\_  
School \_\_\_\_\_ Fall of 2017 \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Circle Gender **Female Male** Previous \_\_\_\_\_  
Dance Studio \_\_\_\_\_ Years \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student lives with: **Mother Father Both Parents Other:** \_\_\_\_\_

Person Responsible for payment: **Mother Father Both Parents Other:** \_\_\_\_\_

**MOTHER** \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

EMAIL \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**FATHER** \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

EMAIL \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Dr. \_\_\_\_\_ Ph \_\_\_\_\_ Please list any medical concerns/allergies: \_\_\_\_\_

#### Local Emergency

**Contact** (not parent) \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Check One:** **Returning** \_\_\_\_\_ **Social Media** \_\_\_\_\_ **Newspaper** \_\_\_\_\_ **Periodical** \_\_\_\_\_ **Search Engine** \_\_\_\_\_

**Drive By** \_\_\_\_\_ **Birthday Party** \_\_\_\_\_ **Lock In** \_\_\_\_\_ **Other** \_\_\_\_\_

**New Families Only - Referral:** I was referred by \_\_\_\_\_

I authorize Flash Pointe Dance to keep my credit card information on file and charge my account automatically when payment is due.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits MC V \_\_\_\_\_

Exp Date \_\_\_\_\_

I prefer to make my payments personally or online. I understand that FPD extends the courtesy of sending a bill, but that it is my responsibility to make the payments on the prescribed timeframe regardless of notification by FPD.

DAY	TIME	DANCE	LEVEL	AGE	INSTRUCTOR	DATE ENRLD/WD FPD REP
<b>List 75 and/or 90 Minute Classes first, and enroll first if applicable</b>						<b>E-ENROLLED/T-TRANSFER W-WITHDRAW</b>
<b>M T W Th F S</b>						<b>E</b> DATE FPD REP <b>W</b> <b>T</b>
<b>M T W Th F S</b>						<b>E</b> DATE FPD REP <b>W</b> <b>T</b>
<b>M T W Th F S</b>						<b>E</b> DATE FPD REP <b>W</b> <b>T</b>
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<b>M T W Th F S</b>						<b>E</b> DATE FPD REP <b>W</b> <b>T</b>
<b>M T W Th F S</b>						<b>E</b> DATE FPD REP <b>W</b> <b>T</b>

**Waiver of Liability/Informed Consent:** To the best of my knowledge, there are no physical limitations that would prevent me/my child from participating in a dance or fitness class/program. I understand that participation in this program is entirely at my/my child's own risk. I acknowledge and accept the risks inherent to the participation in a dance/physical fitness program and assume the risk of any injury, accident, loss, cost or damage to my/my child's person or property which might arise through the participation in the program and services provided by Flash Pointe Dance, LLC. I shall hold this facility, directors, officers, employees, representatives and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred by me/my child resulting there from.

I also acknowledge full understanding of the terms of my agreement with Flash Pointe Dance concerning payment and withdrawal policies and accept and will adhere to my obligations to the studio. I understand a late fee will be assessed to my account on past due balances on a monthly basis.

By signing below, I agree that I am over the age of 18 or I am the legal guardian of the participant and that I have read the above Waiver of Liability/Informed Consent and fully understand its content. I voluntarily agree to the terms and conditions stated above.

Verbal Advisory: FPDR \_\_\_\_\_ Date \_\_\_\_\_

Signature of Participant/Guardian \_\_\_\_\_ Date \_\_\_\_\_ FPDR \_\_\_\_\_

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**Performance and Withdrawal Waiver:** I understand that FPD is a performance school, that there will be a performance at the end of the year, costumes will be a maximum of \$95.00 + Tax, and that tickets must be purchased to view the performance. Regular students will be required to stay for the entire performance, pre-school dancers must stay for the entire act that they are participating in. **I must notify the school, in writing, by Oct. 20,** if my child will not participate in the performance to avoid a costume obligation. Additional performance costs will include, but are not limited to class/performance shoes, new tights for pictures/performance, required make up and eyelashes, foundation garments. Withdrawal or transfer from class must occur **in writing and be submitted to the front desk.** Refunds and/or release of financial obligation will be applied based on date of receipt of written withdrawal. Registration fees, and tuition deposits are not eligible for refund. Costume charges are not eligible for refund after October 20<sup>th</sup>.

Verbal Advisory: FPDR \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ FPDR \_\_\_\_\_

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**Photo Waiver:** Flash Pointe Dance has my permission to use photos and videos of my child.

Verbal Advisory: FPDR \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ FPDR \_\_\_\_\_