

**iDance**  
**APAC Dance & Fitness Studio**  
**2017-2018 Registration**  
iDance@Bex.net

<b>OFFICE USE ONLY:</b>	New Student	\$30
	Returning Student	\$25
	Returning Early Reg	\$20
<b>Class:</b>	Day / Time:	_____
<b>Add. Class:</b>	Day / Time:	_____
<b>Financial Aid:</b>	Y / N	_____

**STUDENT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**STUDENT EMAIL:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**STUDENT FINANCIALLY RESPONSIBLE? Y / N**

**GUARDIAN / AGENCY INFORMATION:**  **FINANCIALLY RESPONSIBLE? Y / N**

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**SASS NAME & PHONE:** \_\_\_\_\_

<b>BILLING IF DIFFERENT FROM PARENT / GUARDIAN</b>	
<b>REQUIRED MONTHLY INVOICE</b>	Y / N
<b>BILLED IN THE CARE OF:</b>	<b>NAME:</b> _____
	<b>ADDRESS:</b> _____
	<b>CITY/ST/ZIP:</b> _____
	<b>EMAIL TO:</b> _____

<b>CLASS:</b>	Day: _____	Start Time: _____	Level: _____
<b>ADD. CLASS:</b>	Day: _____	Start Time: _____	Level: _____

<b>REGISTRATION FEE</b>	<b>2017-2018</b>	
<b>RETURNING STUDENTS - REGISTRATION BEFORE SEPTEMBER 29TH</b>		\$20
<b>RETURNING STUDENTS - REGISTRATION AFTER SEPTEMBER 30TH</b>		\$25
<b>NEW STUDENTS</b>		\$30

**DANCE CLASS FEES**

\$25 PER MONTH

\$40 PER MONTH

**2017-2018**

LEVEL 1 &amp; 2

LEVEL 3

**DUE THE 1ST WEEK OF THE MONTH**

\$15 ADDITIONAL FOR EACH ADDITIONAL CLASS

**COSTUME FEES**

LEVEL 1 &amp; 2

LEVEL 3

**2017-2018**

\$65.00

\$100.00

**DUE BY: APRIL 30TH, 2018**

\$25 ADDITIONAL COSTUME FEE FOR EACH ADDITIONAL CLASS

**FULL YEAR TOTALS**

	Regis.	Full Year	Costume	TOTAL	Add Classes	Add Costume	TOTAL
<i>Returning 1</i>	\$ 20.00	\$ 275.00	\$ 65.00	\$ 360.00	\$ 165.00	\$ 25.00	\$ 550.00
<i>Returning 2</i>	\$ 25.00	\$ 275.00	\$ 65.00	\$ 365.00	\$ 165.00	\$ 25.00	\$ 555.00
<i>New Student</i>	\$ 30.00	\$ 275.00	\$ 65.00	\$ 370.00	\$ 165.00	\$ 25.00	\$ 560.00

**GENERAL PHOTOGRAPHY RELEASE:**

I hereby authorize iDance, hereafter referred to as "Company", to publish photographs taken of me for use in iDance's print online and video-based marketing materials, as well as any other company publications.

I hereby release and hold harmless iDance from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other company publications.

I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I hereby release iDance its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Responsible Parties Name: \_\_\_\_\_

Initials: \_\_\_\_\_

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

**LIABILITY RELEASE:****Emergency Contact:**\_\_\_\_\_  
(Name)\_\_\_\_\_  
(Phone)**Emergency Contact:**\_\_\_\_\_  
(Name)\_\_\_\_\_  
(Phone)

\* Activity or Event may occur on or off iDance premises may include instruction, group activities, social events/gatherings or community performance.

\* I understand that participation in the above Activity or Event may be hazardous for the above-named participant.

\* In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in the above-named event or activity. I hereby release iDance APAC and its officers, employees, or agents from any liability, costs and damages resulting from this individual's participation.

\* I also give my consent for iDance to seek emergency treatment for the participant if necessary, and I agree to accept financial responsibility for the costs related to any emergency treatment.

\* If the participant is a minor: I agree that the minor has my consent to participate in the event or activity. Initials: \_\_\_\_\_

I also give my consent for iDance to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to any emergency treatment.

Participant Signature

\_\_\_\_\_  
(Name)\_\_\_\_\_  
(Date)

Responsible Party

\_\_\_\_\_  
(Name)\_\_\_\_\_  
(Date)**List Conditions / Allergies if any:** \_\_\_\_\_  
\_\_\_\_\_