

2011-2012 Registration Form — North Aurora — 630-264-6300 or 630-682-3600

Student's Name _____ Birthdate ____/____/____ Date _____
 Parent/Guardian #1 _____ Phone _____ Work/Cell _____
 Parent/Guardian #2 _____ Phone _____ Work/Cell _____
 Address _____ City _____ State _____ Zip _____

Email _____

Emergency Contact Name _____ Phone _____

DANCE CLASSES

Class # _____	Class Name _____	Day _____	Time _____	Tuition _____
Class # _____	Class Name _____	Day _____	Time _____	Tuition _____
Class # _____	Class Name _____	Day _____	Time _____	Tuition _____
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Class # _____	Class Name _____	Day _____	Time _____	Tuition _____
Class # _____	Class Name _____	Day _____	Time _____	Tuition _____
Class # _____	Class Name _____	Day _____	Time _____	Tuition _____

Please check appropriate box:

New Student
 Returning Student

How did you find out about Moves? _____

Annual Registration Fee \$25.00
(fee per student, non-refundable)
Total Due _____

- **FOR IMPORTANT REGISTRATION INFORMATION SEE REVERSE SIDE OF CLASS SCHEDULE**
- **All missed classes must be made up within current term.**
- **The credit card authorization section of this form must be filled out and returned along with the registration form in order for the registration to be valid.**
- **If you have any questions regarding class placement or registration procedures, please call (630) 682-3600 or (630) 264-6300.**
- **All fees are payable in advance and must accompany registration form.**
- **Please make checks payable to Moves Dance Studio**

ADULT CLASSES
 Pilates and Yoga – \$10.00 per class
TUITION IS NON-REFUNDABLE
 • **Multi-Class discount Individual or Family**
 4 to 5 class **hours** per week = 5%
 6 or more class **hours** per week = 10%
 Tuition based on 8 week term.

8 WEEK TERM FEES
All classes are based on \$14 per hour
 1/2 hour class—\$56.00
 45 minute class — \$84.00
 1 hour class — \$112.00
 1-1/4 Hr. class — \$140.00
 1-1/2 Hr. class — \$168.00

Mail or drop off completed form to:
 Moves Dance Studio • 14 E. State St. • North Aurora, IL 60542
Fax completed form to: 630-562-1574

The Moves Dance Program is designed like a school year, therefore all dancers are considered to be auto enrollment.

By submitting this registration form for the Moves Dance Program, your dancer will be automatically enrolled into each subsequent Term through the end of Term 5, June 2012 for all class/es registered/attending throughout the Moves Dance Program year.

A guaranteed credit card is required for all registrations. Dancers will not be registered without a guaranteed credit card submitted.

Payment is required 1 week prior to the start date of each new term. If you are not on **AUTOBILL** and an alternative payment method is not received before this time period, your guaranteed credit card will be charged.

Please mark your alternative method of payment below, **which must be received no less than 1 week prior to the start of each new term:**

____ Credit Card ____ Cash ____ Check ____ AUTOBILL ____ PayPal

LATE PAYMENT POLICY - Should payment not be received and/or credit card declined, a \$20 late fee will be assessed.

Any overdue payment past 3 weeks, your dancer will not be permitted to participate in class and will not be able to attend any subsequent term until all fees due/applicable are received and processed.

Moves Cancellation Policy - To qualify for a cancellation from the Moves Dance Program, participants are required to give written notice at least 1 week prior to the beginning of a new term. Students are responsible for attending the class/es in which they have registered. No refunds or credits will be given for mid-term cancel requests or classes missed. **The only exception* to mid-term cancellations will be given due to long term illnesses or injury that would prevent a participant from completing the remainder of the session and must be accompanied by a Doctor's note. The refund is for the remainder of the current class session and will be calculated from the date the physician's note is submitted. **Students will be permitted to transfer to another Moves Dance class within the same term without penalty.** Any class cancellations by Moves, students will not incur any penalties. Initials _____

____ Visa ____ Master Card

Credit Card Number: _____ Exp. Date: _____

Name on Credit Card (please print): _____

Signature of Credit Card Holder _____ Date _____

PLEASE READ AND SIGN THE REVERSE SIDE OF THIS FORM

Waiver & Photo Release:

Waiver & Photo Release: In attending Moves dance studio/program, taking dance or exercise classes and otherwise using the facilities and equipment therein, I do so at my own risk. MOVES shall not be liable for any damages arising from personal injuries incurred by me in, on or about the premises of the MOVES dance studio/program relative to my attendance at the dance studio, taking dance or exercise classes or otherwise using the facilities and equipment therein. I assume full responsibility for any injuries or damages which may occur to me in, on or about the premises of the MOVES dance studio/program, and I do hereby fully and forever release and discharge MOVES, its shareholders, directors, officers, dance instructors, employees and agents from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my use of said MOVES dance studio/program, dance classes, facilities and equipment thereof. I am aware of the possible risks inherent in the nature of the activities provided by Moves and Moves does not provide medical insurance covering injuries of any nature incurred in any activity and or/event. In Addition, for valuable consideration received, I grant to Moves, A Dance & Fitness Studio, Inc., the unrestricted right to use and publish photographs of me, for PR, promotional use, editorial, trade, advertising for MOVES and MOVES projects, books, lecture-slide show and website in any manner and medium. I hereby warrant that I am of full age and have the right to contract in my name. In the case of a minor, I warrant that I have every right to contract for the minor. I hereby release MOVES, A Dance and Fitness Studio and assignees from all claims and liability relating to said photographs. I hereby release MOVES, A Dance and Fitness Studio, Inc. and assignees from all claims and liability relating to said paragraph.

I HAVE READ THE ABOVE TERMS OF THIS AGREEMENT UNDERSTAND SAME AND AGREE TO BE BOUND BY EACH AND EVERY ITEM.

Signature _____ Date _____

Print Name _____

OFFICE USE ONLY

Term 1	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Dropped	(10/17/11)	<input type="checkbox"/> Enrolled JR	Processed by _____	Date _____
Term 2	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Dropped	(12/12/11)	<input type="checkbox"/> Enrolled JR	Processed by _____	Date _____
Term 3	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Dropped	(2/20/11)	<input type="checkbox"/> Enrolled JR	Processed by _____	Date _____
Term 4	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Dropped	(4/16/12)	<input type="checkbox"/> Enrolled JR	Processed by _____	Date _____
Term 5	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Dropped	(6/12/12)	<input type="checkbox"/> Enrolled JR	Processed by _____	Date _____

ACCOUNTING PORTION:

Term 1 (due 8/22/11)	<input type="checkbox"/> Auto Bill	<input type="checkbox"/> CC	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash	Date _____	Notes: _____
Term 2 (due 10/11/11)	<input type="checkbox"/> Auto Bill	<input type="checkbox"/> CC	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash	Date _____	Notes: _____
Term 3 (due 12/5/11)	<input type="checkbox"/> Auto Bill	<input type="checkbox"/> CC	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash	Date _____	Notes: _____
Term 4 (due 2/13/12)	<input type="checkbox"/> Auto Bill	<input type="checkbox"/> CC	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash	Date _____	Notes: _____
Term 5 (due 4/9/12)	<input type="checkbox"/> Auto Bill	<input type="checkbox"/> CC	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash	Date _____	Notes: _____