



STUDENT/PARENT INFORMATION

Today's Date: ___/___/___

Are you a New or Returning Student How did you hear about us? (please specify event if applicable): _____

Student Name: _____ Birthdate: ___/___/___ School your student attends: _____

Parent / Guardian: _____ Home Phone: _____ Cell Phone: _____

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Address: _____ City: _____ State: _____ Zipcode: _____

Email Address: _____

*All Moves Communication is sent through Moves email (info@movesdance.com). It is imperative we have the most up to date email address to ensure you are receiving all billing statements, updates and Moves News.

CLASS ENROLLMENT

TUITION IS NON-REFUNDABLE

Class #: _____ Class Name: _____ Day: _____ Time: _____ Tuition: \$ _____

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Multi-Class Discount

4 to 5 class hours per week = 5% off tuition / term
6 or more class hours per week = 10% off tuition / term

Multi-Sibling Discount (immediate family members only)

2 students/family = \$10 total off tuition / term
3 students/family = \$20 total off tuition / term
4 or more students/family = \$30 total off tuition / term

8 WEEK TERM FEES

All classes are based on \$15/class hour
1/2 hour class: \$60.00
45 minute class: \$90.00
1 hour class: \$120.00
1 1/2 hour class: \$180.00

Annual Registration Fee: \$25.00

(fee per student, non-refundable)

Total Due: \$ _____

- All classes must be made up within the current term
Your dancer will automatically be enrolled into each subsequent term through the end of Term 5, June 2017 for all class(es) registered throughout the Moves Year

BILLING INFORMATION

- A guaranteed credit card is required for all registrations.
Payment is required 1 week prior to the start date of each new term.
If you would like to participate in our AUTOBILL program we will process your payments for you 1 week prior to the start date of each new term.

Would you like to enroll in AUTOBILL: yes no (Moves Dance Company members must be enrolled in Autobill)

CREDIT CARD INFORMATION - we accept the following: VISA – MASTERCARD - DISCOVER

Credit card #: _____ Exp. Date: _____ Billing Zipcode: _____

Name on Card (please print): _____ Card Holder Signature: _____

Please make checks payable to Moves Dance Studio

Late Payment Policy: Should payment not be received by the 1st class of each term, 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 a mid-term cancel request or classes missed. *The only exception to mid-term cancellations will be given due to long term illnesses or injury that would prevent participants from completing the remainder of the term and must be accompanied by a doctor's note. The refund is for the remainder of the current class term and will be calculated from the date the physicians note is submitted. Any class cancellations by Moves, students will not incur any penalties.

I have read and agree to the above Late Payment & Moves Cancellation Policies.

Parent/Guardian Signature: _____

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, 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 Dance 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-slideshow 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 Dance Studio and assignees from all claims and liability relating to said photographs. I hereby release Moves Dance 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 term.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____