



School of Columbia Dance 2019-2020 Registration Form

Date of Registration _____

STUDENT'S NAME _____

Birthdate _____ Age _____ New Student? _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____

Mother/Guardian Name _____ Cell Ph _____

Father/Guardian Name _____ Cell Ph _____

Additional Contacts (optional) _____

Email is the primary source of communication to studio families. Please add info@columbiadance.org to your contacts in order to help ensure you receive these messages.

Email Address(es) _____

Please check preferred method of contact: Email _____ Stamped Mail _____

Please fill out the back of this form to complete your registration.

Class Enrollment

(For class listings and tuition rates refer to the Schedule of Classes)

Class & Day of the Week	Tuition for Each
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total (per month)	\$ _____
5% Monthly Family Discount (if applicable)	- _____
Unlimited Monthly option (circle if applicable) \$325	\$ _____
Total Monthly Tuition:	\$ _____

Annual Registration Fee (circle one): \$35.00 or \$50.00 Family

Annual Company Fee (circle one if applicable): Junior Company:\$275 Company/Apprentice: \$375

Waiver of Claim and Release of Liability

- I/We realize that participation in dance classes and Columbia Dance activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces used by Columbia Dance Center. I/We assume all risks of participation including, but not limited to, onsite and offsite activities.
- I/We agree to release and hold harmless Columbia Dance Center, including its teachers, dancers, staff members, directors and facilities used by both entities from any cause of action, claims, or demands, as a result of my/our participation in any activity of any type with Columbia Dance Center. I/We will not hold Columbia Dance Center liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Columbia Dance Center.
- It is our school policy that we are unable to offer tuition prorates or refunds for missed classes.** Refunds will be made only in cases of prolonged illness, extended leave of absence, or physical disability. A letter from your physician may be required. Classes may be cancelled and students guided to another class if insufficient enrollment. Notice will be given prior to cancelling. **Students who carry an unpaid balance on their account for more than 60 days will not be allowed to participate in classes unless payment of the outstanding balance is made in full, or unless suitable arrangements have been made with the Office Manager and a good faith effort is being made to pay the balance.** Also, students with an outstanding balance from the previous school year must pay their balance in full before registering for classes for the upcoming school year. If the balance cannot be paid in full, a suitable arrangement must be made for payment of the balance and a good faith effort must be made to pay the balance, and they must enroll in monthly autopay to stay current on present-year tuition.

Photo and Video Release

_____ I/We hereby grant and convey unto Columbia Dance Center all right, title and interest in any and all photographic images and video or audio recordings made by Columbia Dance Center during the undersigned's participation in Columbia Dance Center activities. I/We give "Columbia Dance" the right to use my students' photo(s) and video(s) in marketing for future classes and camps.

If you would prefer to not have your child's or your image used, please email Columbia Dance directly to be added to the NO PHOTO list.

Dancer's Signature: _____ Phone: _____ Date: _____
(If under 18, parent/guardian sign only)

Parent/Guardian Name: _____ Parent/Guardian Signature: _____
(Print)

By signing below, I confirm I have read, and agree, to the terms and conditions of participation.

X

Reg. in Roll	New Student	Email List	
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