



2017-2018 Fall/Spring Registration

SECTION A: STUDENT INFORMATION

Student's Name: _____ Age: _____ Birth date: _____

Student's Name: _____ Age: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please state any physical limitations or disabilities that would be affected by dance exercise: YES NO

If **YES** please explain: _____

Prior Dance Training: YES NO If **YES** Where: _____

Emergency Contact: _____ Phone Number: _____

How did you hear about Kaos Dance Elite: _____

SECTION B: RESPONSIBLE PARTY/PARENT/GUARDIAN INFORMATION

1. First Name: _____ Last Name: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to student: _____ Email Address: _____

2. First Name: _____ Last Name: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to student: _____ Email Address: _____

SECTION B: CLASS CHOICES:

Name of class: _____ Day: _____ Time: _____

Name of class: _____ Day: _____ Time: _____

Name of class: _____ Day: _____ Time: _____

Name of class: _____ Day: _____ Time: _____

Name of class: _____ Day: _____ Time: _____

Name of class: _____ Day: _____ Time: _____

Class Total \$ _____

Registration Fee \$ _____

Grand Total \$ _____



STUDENT RELEASE: Please read carefully and sign

STUDENT NAME: _____

INITIALS: _____ I understand that tuition is based on a four week average month. There will be some months when a student may receive five lessons for a weekly scheduled class, and some months when, due to holiday closures, a student may receive less than 4 lessons in a month. Regardless of the amount of weekly scheduled lessons, tuition is based on a four week month. Please see the studio calendar for a schedule of holiday closures. We offer make-up classes for students who miss class due to illness/vacation/weather. Make-up classes must be scheduled through the office, and are limited to available space. There are **NO REFUNDS FOR MISSED CLASSES**.

INITIALS: _____ I understand that **If for some reason tuition is not paid by the 10th of the month, there will be an automatic \$10.00 late fee added to my account.**

INITIALS: _____ I understand monthly tuition is due every month unless written withdrawal notice is received. **15 days notice is required prior to dropping any class. All fees are non-refundable.**

INITIALS: _____ I agree to pay the one time student registration fee of \$15 per student and \$30 per family. If my child discontinues dance at KAOS DANCE ELITE for any reason, the registration fee will be forfeited.

INITIALS: _____ I agree to pay a returned check fee of \$25 for any NSF check returned by the bank.

INITIALS: _____ I understand that if I provide my debit/credit card information to KAOS Dance Elite, my monthly tuition/balance will automatically be deducted from my account on the 1st of the month. If the card on file is not able to be ran, an invoice will be sent to the email provided. Additional costs, such as recital costumes/snacks/apparel, will be included in my automatic bill pay. **I also understand to stop any monthly automatic deductions; I must provide the office with a written notice 15 days in advance.**

INITIALS: _____ I understand that as a participant in and/or a spectator at KAOS Dance Elite, I may be included in videotapes or photographs taken during any event and at the studio. I agree to be photographed and/or videotaped and that my name, face, likeness, voice, and appearance may be used in advertising and promoting MVP Dance Elite.

INITIALS: _____ I acknowledge and agree that dance training and performance are strenuous physical activities that involve risk of property damage, bodily and personal injury, illness, paralysis and death, and assume full risk and responsibility for the same. In consideration of permitting Student to participate in dance training and performance and any activity ancillary thereto, I hereby **VOLUNTARILY AND ABSOLUTELY RELEASE, DISCHARGE, WAVE AND RELINQUISH** any and all claims, causes of action, losses, costs, expenses, damages and/or torts, whether in law or equity (collectively "Claims"), which I and/or Student may have against KAOS DANCE ELITE and/or its officers, directors, agents, servants or employees (collectively, "KAOS") in any way arising out of or relating to such dance training or performance provided by or in conjunction with KAOS or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue. I further agree to fully indemnify and hold KAOS harmless for any Claims. The foregoing **RELEASE AND WAIVER** is intended to be as broad and inclusive as the as permitted by the laws of the State of Washington; if any portion of this document is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

(Parent or Legal Guardian must sign for all persons under 18 years of age.)

Responsible Party/Parent/Guardian Name (print): _____

Responsible Party/Parent/Guardian Signature (sign): _____

Date: _____