



REGISTRATION FORM

Please fill out, sign and mail form to:
 Dance With Heart Studios
 7373 Hashley Road, Manchester, MI 48158
 (517) 902-6614

Student's Name _____ Date of Birth _____ Age _____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Grade _____

How many years of dance education _____ How many years of DWHS education _____

Name of Both Parents or Guardians _____

Cell Phone (Parent #1) _____ Cell Phone (Parent #2) _____

PLEASE PRINT E-mail address (Parent #1) _____ (Parent #2) _____

Emergency Contact Person _____ Relationship _____

Emergency Contact Phone _____

How did you hear about DWHS? Website ___ Facebook ___ Instagram ___ Newspaper ___ Friend ___ Other _____

Parent's Occupation (Optional) _____

Interested in Auto Pay: Yes / No

TO REGISTER FOR CLASSES: Please note if class schedule is not known or if child is undecided at the time of registration, please e-mail studio at dancewithheartstudios@gmail.com.

Location M / A	Teacher	Class Name (Tap, Jazz, etc.)	Day of Week M,T,W,Th	Time of Class	Notes (Allergies etc.)

Please see back for additional space and studio policies. Signature is required.

Location M / A	Teacher	Class Name (Tap, Jazz, etc.)	Day of Week M,T,W,Th	Time of Class	Notes (Allergies etc.)

WAIVER RELEASE FOR DANCE WITH HEART LLC

In consideration for being allowed to enroll as a participant in Dance With Heart LLC, I hereby, for myself, my heirs, executors and administrators waive and release and discharge its proprietors, teaching staff, agents and assigns from any and all liability, cause of actions, costs, charges, claims, expenses, and demands on account of or in any way growing out of any and all personal injuries, personal ailments or sickness, and property damages incurred by me as a result of or in the course of my participation in any activity (including, but not limited to: classes, trips, competitions, shows, workshops and demonstrations) while a participant in the program.

I understand that photographs, recordings, taping, or filming of participants by any Dance With Heart LLC teachers, independent contractors or members of the press become the property of Dance With Heart LLC and may be used for future publicity. By signing each of the undersigned participants and/or participant’s parents involved with Dance With Heart LLC expressly adopts and agrees to be bound by this waiver and release agreement.

By signing below, I hereby expressly, assume any and all risks which are incumbent with the realization that these activities might subject participant to personal bodily injury or property damage risks.

Additionally, for the stated consideration, I further agree forever to refrain from suit or proceeding at law or in equity or otherwise against the above named parties, either severally or jointly with any person, in account of, or in any way growing out of any personal injuries and property damage as stated.

LATE FEE POLICY

A \$30.00 late fee will be assessed per student for payments not received within a two-week grace period from payment due date. A fee of \$30.00 will be assessed for any/all returned checks on a per check basis. **If your account is not brought current on a monthly basis, your child will be removed from their classes.** In the case of financial hardship, i.e. job loss or other significant life events, please contact the Director for possible special payment arrangements.

SEMESTER WITHDRAWAL POLICY

____ Initials. Dance With Heart LLC operates on a two semester dance season — September thru December & January thru June. Withdrawals are allowed without penalty up to 4 weeks prior to the Holiday Show and/or End of Year Recital. If withdrawal occurs after the grace period, a \$100 withdrawal fee per dancer will be charged to your account. Additionally, a withdrawal slip MUST be completed and submitted to your studio to cease monthly tuition fees.

I HAVE READ AND UNDERSTAND THE POLICIES AND PROCEDURES OF DANCE WITH HEART LLC.

PRINT Parent/Guardian Name

SIGNATURE Parent/Guardian Name

DATE