Ariel's Dance Studio
Registration and Release Form

_____ Last Initial

Date: _____

Student: First Name Last Name Date of Birth Age Female/ Male

Home Address City / Zip

Parent/ Guardian (Mother): _____

*Student's Email:*_____

Email Address: _____

*Student's Cell:*_____

Home Phone Number Work Phone Number Cell Phone Number

Parent/ Guardian (Father): _____

Email Address: _____

Home Phone Number Work Phone Number Cell Phone Number

Responsible person other than above. Relationship Phone(s)

Doctor: _____ **Phone**: _____

In an emergency situation, a medical technician may need to know the following information regarding my child's health: allergies, chronic illnesses, seizures, etc. Use the space below. (Write "None" if none.)

I/We, the parent/guardian of the above named student, a minor, and the above named student agree to the following:

____ initial 1**. STUDIO POLICIES**: I have read the ***Statement of Understanding*** and the ***Studio Rules*** and agree to abide by them.

____ initial 2. **PHOTO/IMAGE RELEASE**: I give my consent for images (photographs, video) of my dependent to be taken and used to document the activities of Ariel's Dance Studio. I grant Ariel's Dance Studio permission to use the images for educational and promotional purposes. *I understand that if I do not want images of my dependent to be used, I will indicate this in writing and the signed letter will be attached to this document.*

____ initial 3. **MEDICAL RELEASE**: I give my permission for Ariel Lopez, Studio Teacher, or Studio Parent to take my child to a medical/dental facility, if necessary. In case of emergency, if none of the above can be contacted, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. I accept full responsibility for all costs of said medical care and any emergency treatments. Ariel's Dance Studio will not be responsible for the cost of any medical care or emergency treatments. I hereby waive all claims whatsoever in connection with such medical treatments.

____ initial 4. **WAIVER AND RELEASE:** I agree that if my dependent or I (heretofore known as "we") engage in any physical exercise, class, or activity, or facility on the premises or any venue where we participate as representatives of Ariel's Dance Studio, we do so at our own risk. I agree that we are voluntarily participating in activities and use of said facilities, premises (including the parking lot) and designated Ariel's Dance Studio venues. We assume all risk of injury, illness, damage, or loss to us or our property that might result, including, without limitation, any loss or theft of any personal property. I agree that this consent and assumption of risk statement covers each and every event or activity sponsored by Ariel's Dance Studio. I agree to release and discharge you (and your affiliates, employees, agents, representatives, successors, and assigns) from any and all claims or cause of action (known or unknown) arising out of your negligence. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability. I am waiving any right that I may have to bring legal action to assert a claim against you for your negligence.

Signature of Parent/Guardian of minor. **Date**

How did you hear about our studio? ☐Returning Student ☐ Phone Book ☐ Internet ☐ Newspaper ☐ Advertisement: Where?_____

☐Referred by a Friend: ☐Other:

Office Use Only

Reg. pd:_____ Enrolled in:_____

ADSWear rcvd:_____ Monthly rate:_____ Date began class:_____

☐ Ck #_____ ☐ Credit Card ☐ Cash recpt # _____

Comments:

ver.08_2012

Studio Rules

MAKE-UP CLASSES

Remember your child's progress depends on class attendance and practice at home. Classes missed due to injury, illness or vacation may be made up within four weeks following the absence **if the Studio has been contacted beforehand.** Call ADS to schedule a make-up class. Your child must make up a class during another scheduled class time. There will be no refunds for missed classes!

DRESS CODE

All students are required to wear and bring the following to each class:

For Ballet, Tap, and Jazz Classes:
Black Leotard
Pink or White Tights
Pink Ballet Shoes
Black Tap Shoes
Black Jazz Shoes
Dance Bag

For Hip Hop Classes:
hip hop dance clothes (no jeans)
Converse style shoes – used in studio only. No street shoes.

*** Hair must be pulled back out of face**
*** Label everything w/ student's first & last name**

RULES FOR STUDENTS

- No talking while the teacher is talking
- No chewing gum in class
- Quiet tap shoes when not dancing
- Keep hands to self
- Please do not touch the mirrors.
- No sitting down in class
- No hanging on the bars
- Ask Ariel before using bathroom
- No running in the studio
- No food or drinks in the studio or the waiting room - water o.k.
- No street shoes on the dance floor
- Dance shoes are not to be worn outside so make sure you have other shoes to come and go with
- You must stay in the studio until your parent comes to pick you up.
- No students in Ariel's office.

***Parents must go over these rules with their child before they begin class.**

RULES FOR PARENTS

- In order for Ariel to keep your child's attention in class, she asks that parents wait either in the waiting room or outside the studio. Once every two months there will be an observation class to see your child's progress.
- Please keep the waiting room quiet during classes.
- Please no food or drink in the waiting room or the studio (water is ok in the waiting room).
- Please make sure your child has gone to the bathroom right before class.
- Your child must be dropped off inside the studio through the back of the building, not outside. The parking can get pretty crazy, but it is for their safety.
- Please be courteous to the other students and have your child to class on time.
- For the safety of your child and courtesy of the teacher and other classes, please be sure to pick up your child promptly.
- Please do not allow any children to run around or play in the area behind the studio.
- The office is for staff only.
- Please remember to look for new letters in your email or on the website. All letters and announcements will also be posted in the studio, on the website, and on Facebook.

Statement of Understanding
ADS Wear Order Form

Please read the following. This statement is required for your dancer to continue dancing at Ariel's Dance Studio (ADS). Your initials on this form and signature on the registration form acknowledge that you have read, understood, and agree to abide by these statements.

_____I understand that ADS charges a **non-refundable annual registration fee of $50** which includes an ADS tank top for your dancer. See order form below. **This fee is due at registration.**

_____I understand that tuition is **due in the studio on the 1st of each month and is considered late by the 10th** made payable to **Ariel's Dance Studio**. **(Please write dancer's name and class in the memo of your check, or on the envelope if paying by cash.** ***If this information is missing, your account will not be credited.)***

_____I understand that I will be charged a **$20 late fee** for all tuition that arrives after the 10th of each month. This includes charge cards that are declined, if alternate payment is received after the 10th, the late fee will be charged. ***SEE NOTE BELOW***

_____I understand that there will be a **$25** charge for any returned checks. After 2 returned checks I will be required to pay all monies due in cash or money order.

_____I understand that all lost and found items will be donated after **30 days**.

_____I have also read and understand all the Studio Rules and have gone over them with my child.

_____I understand that my child is to abide by the dress code set forth in the Studio Rules.

_____I understand that I must contact the Studio before my child's scheduled class to arrange for any make-up classes and that all make-up classes must be completed within 4 weeks following the absence. I also understand that there will be no refunds for missed classes.

_____I understand that I must give the Studio a **30 day written notice** if my child needs to drop out of classes taken at Ariel's Dance Studio. (Temporary absences due to injury, illness, family emergency, etc. may be discussed with Ariel.)

ADS WEAR ORDER

Dancer's Name: _____ Class Day/Time:_____

Size (circle one): **Child S M L** **Adult S M L**

***AUTO PAY** – We can submit your credit card payment by the 10th of the month so you will never be late!!! Please fill out our Auto Pay Form.

Authorization to Run Credit Card for ADS Monthly Tuition

I, _____ (print name)
give my permission for ADS to run my credit card for the purposes of paying monthly tuition due on the 1st of the month. Card will be processed 1st week of the month.

STUDENT(S) NAME:

CLASS(ES):

CARD TYPE: VISA / MASTERCARD

ACCT #

EXP. DATE:

LAST 4 No. ON BACK:
(Needed to authorize card)

_____

Signature **Date**

Phone Number:

Office: Monthly Rate:_____
Commments:

2012 -13 ADS MONTHLY TUITION

Tuition is due on the 1st of the month and considered late after the 10th.
($20 late fee will be assessed.)

We accept cash, checks, Visa, MC. (Please mark your payment with your dancer's name AND class.) We also offer an auto pay option.

Hours per week	$ Monthly Rate	Hours per week	$ Monthly Rate
.75	$48.00	4.5	155.00
1	**52.00**	4.75	$160.00
1.25	61.75	**5**	**165.00**
1.5	71.50	5.25	169.25
1.75	81.25	5.5	173.50
2	**91.00**	5.75	177.75
2.25	98.50	**6**	**182.00**
2.5	106.00	6.25	185.50
2.75	113.50	6.5	189.00
3	**121.00**	6.75	192.50
3.25	127.00	**7**	**196.00**
3.5	133.00	7.25	198.50
3.75	139.00	7.5	201.00
4	**145.00**	7.75	203.50
4.25	150.00	**8**	**206.00**

10% sibling discount for lesser tuition (core class tuition) for the second child
15% sibling discount for lesser tuition (core class tuition) for the third+ child(ren)
10% Military Discount for children of active military (with valid military I.D.)

ANNUAL REGISTRATION FEE: (Includes ADS Wear – selection may vary)
$50 for first child
$25 for second child
$15 for third and additional child(ren)

PRIVATE INSTRUCTION*

$ Per Class	**Private Class**
55	1 hr
45	45 min
35	30 min
35 ea.	1hr semi-private (2 students)
27 ea.	30min semi-private (2 students)
27 ea.	1 hr semi-private (3 or more)
27 ea.	30min semi-private (3 or more)

*Payment for Private instruction is due at the time of the scheduled private class.

Ver.8.2012