

SUMMER SERIES

Dancer Registration Form

Registration Date: ___/___/___

DANCER INFORMATION

Dancer's Name: _____ Age: _____

Birthday: ___/___/___ School: _____ Grade: _____

(2025-2026)

Dancer's Cell: _____ Dancer's Email: _____

Home Address: _____

Street Address

Apartment/Unit #

City

Zip Code

Does the above-named dancer have any medical conditions? (i.e. allergies, asthma, autism, etc.). If yes, explain: _____

Has the dancer had any previous dance experience? Yes No

If so, for how long? _____ In a competitive dance team? Yes No Where: _____

PARENT INFORMATION

Mother's Name: _____ Mother's Cell: _____

Employer: _____ Occupation: _____

Work Phone: _____ Email Address: _____

Father's Name: _____ Father's Cell: _____

Employer: _____ Occupation: _____

Work Phone: _____ Email Address: _____

EMERGENCY CONTACT/AUTHORIZED PICK-UP INFORMATION

*Please add contacts in the spaces provided **other than the parents named above.***

Emergency Contact Name: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

1) Authorized Pick-Up Name: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

2) Authorized Pick-Up Name: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

3) Authorized Pick-Up Name: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

****To reserve your dancer's spot, FULL payment of atleast one week is required at registration. Additional weeks will be charged two weeks before the start of the selected week. ****

**THE MOVEMENT
WEEK**

JULY 20TH – JULY 23RD

**THE DANCE TEAM
WEEK**

JULY 27TH – JULY 30TH

**THE INDUSTRY/COMMERCIAL
DANCE WEEK**

AUGUST 3RD – AUGUST 6TH

Weeks registering

HOW DID YOU HEAR ABOUT MIAMI DANCITY STUDIOS?

newspaper ad flyer online search social media

family/friend, name: _____

PARENT AGREEMENT

(Please initial each item below)

___ I hereby grant Miami Dancity Studios, Inc. permission to use, publish, and copyright my child's photography during class or performances for advertisement, or any promotions for the use of Miami Dancity Studios, Inc. ONLY, without payment, compensation or any consideration of any sort.

___ I understand that dancers are encouraged to always attend their classes, as missed classes cannot be made up with any other class, nor will credit be applied to the dancer's account, or refund be given for any reason.

___ I understand that if my dancer's level does not reach the necessary minimum of dancers in a particular week, Miami Dancity Studios reserves the right to combine levels, providing there is available space for my dancer.

___ I understand if my dancer displays signs /symptoms of being ill he/she will be sent home immediately.

___ I understand that if I send an individual besides those listed for pick up, I must provide a copy of their photo identification (license) and my consent for pick up via email to Miami Dancity prior to pick up time.

___ I understand I will be charged a \$35 "declined fee" if my payment is declined for any ACH bank transfers, credit card payments or check payments. If payments are not received by the given deadline, then late fees will apply.

___ I understand that to reserve my dancer's spot, I will be required to pay one week in full at registration. If I sign up for two/three weeks, the minimum of one week will be due at registration, and the balance will be charged automatically 2 weeks before the selected weeks begin.

___ I understand summer intensives tuition is **NON-REFUNDABLE** and **NON-TRANSFERABLE**.

Print Parent/Guardian Name

Parent/Guardian Signature

FOR OFFICE USE ONLY

Total Due: \$ _____ Balance Remaining: _____

Method of Payment

Cash Check# _____

CC ACH

Credit Card payments will incur a 3.5% processing fee

Release and Waiver of Liability and Indemnity Agreement

(READ CAREFULLY BEFORE SIGNING)

In consideration of being permitted to participate in any way in the Dance Program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below dance activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/WE fully understand and acknowledge that:
 - (a) There are risks and dangers associated with participation in Dance events and activities which could result in bodily injury partial and/or total disability, paralysis and death.
 - (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
 - (c) These risk and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.
 - (d) There may be other risks not known to us or are not reasonably foreseeable at this time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasee named below.
4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the dance facility used by the participant, including its owners, managers, promoters, lessees or premises used to conduct the dance event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the dance facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee" ...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.
5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEE.
6. EACH OF THE UNDERSIGNED further expressly agrees that foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Providence or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDESTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Dance School: Miami Dancity Studios, Inc.

Name of dancer (print): _____

Name of parent or guardian (print): _____

Signature of parent or guardian: _____

Received by: _____

Registrar's Signature

Printed Name

Date

Payment Authorization Form

I authorize Miami Dancity Studios, Inc., to charge my method of payment by the 1st of every month for the amount shown for services or programs as noted below until I terminate that authorization in writing by the 25th of the previous month.

Dancer's Name: _____

Parent's Name: _____

Name on Account (if not the same as above): _____

Billing Address: _____
Street Address Apartment/Unit #

City State Zip Code

Parent's Phone: _____

Parent's Email Address: _____

Amount to be withdrawn per month: *\$ _____

**Amount subject to change due to the amount of classes your dancer takes per month.
 Should your payment be declined, we will notify you via email.*

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

Bank Account Number: _____	Consumer <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number: _____	Business <input type="checkbox"/> Checking <input type="checkbox"/> Savings

**Debit/Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Credit Card Number: _____
Expiration Date: (MM/YY) _____/_____ Security Code (CVV): _____

**Any payments made with a debit/credit card will be charged an additional 3.5% processing fee of the total amount due.

I agree and understand that I am responsible for any additional fees associated with my payment if it is ever to be declined or rejected.

 Authorized Signature

 Date