26-27 Dancer Registration Form

Reg #: ___

Registration Date: ____/_____/_____

DANCER INFORMATION

Dancer's Name: _____ Age: _____

School: _____ Birthday: _____/_____/_____

Grade: _____ School Dismissal Time: _____

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, diabetes, etc.).

If yes, explain: _____

Has the dancer had any previous dance experience? o Yes o No

If so, for how long? _____ Where? _____

Are you interested in your dancer performing in our Holiday Show? o Yes o No Summer Recital? o Yes o No

Are you interested on your dancer participating in our competitive program? o Yes o No

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 INFORMATION

Contact Name (*other than the parents*): _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

FOR OFFICE USE ONLY

CLASSES ENROLLED	DATE ENROLLED	DATE DROPPED	CHANGED TO…	DATE OF CLASS CHANGE	DATE DROPPED

☐ Registration Log ☐Attendance ☐Distribution List(s)

☐ Reg. + 1st Mo Payment _____ ☐Sales Receipt_____

Sibling: _____ # _____

PARENT AGREEMENT

(Please read and initial each item below)

____ I have read, and agree with all the "Rules and Regulations" presented by Miami Dancity Studios, Inc. and am fully aware of my responsibilities as the Parent/ Guardian of the above-named dancer.

____ 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 all classes require each dancer to come with their hair in a tight, neat, slicked back bun.

____ I understand my dancer must be in full Dancity uniform for their corresponding classes.

____ I understand that once I have registered my dancer, neither Registration nor 1st month of tuition is refundable, nor will credit be applied to the dancer's account. No refunds will be given for any reason.

____ I understand that if I decide to bring my dancer to an additional class which he/she is not signed up for, including during any rehearsal all-cast week, I will be charged $35 for each additional class taken.

____ I understand that because dancers are encouraged to always attend class, and because dancers progress at their own pace, Miami Dancity Studios will not be held accountable for the technical progression of my dancer.

____ I understand that my monthly tuition rate will be paid regardless of some months having *three, four, or five weeks.* Every month will stand on its own. No credits will be issued for short months due to pre-scheduled **Holidays or Studio Closures**, nor will I incur additional fees for months with additional weeks/classes.

____ **I understand that on competition weekends MDS may choose to close Friday, Saturday and Monday. Classes may be offered during the week to cover missed classes, all while providing the minimum of 3 classes during that month.**

____ I understand that my dancer's tuition will be **AUTOMATICALLY** charged the 1st of each month.

____ **YES**, I have provided my preferred method of payment information to Miami Dancity Studios to **AUTOMATICALLY** charge every 1st of each month.

____ **I understand that dropping or withdrawing of any class during any given month must be done by the 25th day of the current month, to avoid charges for the following month. NO CREDIT OR REFUND WILL BE GIVEN FOR THE CURRENT MONTH. We highly recommend that dancers attend the current month in its entirety. After the 25th day of each month, no changes will be accepted and your invoices for the following month will reflect what you were billed the current month. Please be sure to comply with this policy as NO CREDIT OR REFUND WILL BE APPLIED TO YOUR ACCOUNT if the withdrawal is not made by the 25th day of each month.**

____ I understand I will be charged a **$35 "return fee"** if my payment is declined for any ACH bank transfers, credit card payments or check payments. If payment is not received immediately then a late fee will apply of $25.

____ I understand that due to our current situation with Covid-19, I will inform Miami Dancity Studios immediately if anyone in our immediate family has been in contact with anyone that has tested positive for Covid-19. I will immediately not take my dancer to MDS and quarantine my dancer based on CDC guidelines.

____ I understand that my dancer will have to be tested for Covid-19, and the results shared with MDS prior to my dancer's return. Credit for missed weeks will apply.

Print Parent/Guardian Name	Parent/Guardian Signature	Date

FOR OFFICE USE ONLY

Registration Fee: $ _____
Tuition: $ _____
☐ Sibling Discount Applied
Total Due: $ _____

Registration Method of Payment:
☐ Cash ☐ Debit/Credit Card
☐ Bank Acct #_____
☐ Check#_____

(revised 7.19.25)

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 LIABILTY, 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 LIABILTY 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

Miami DANCITY Studios

14022 NW 82 Avenue ◊ Miami Lakes, FL 33016 ◊ 305.821.2027

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 ☐ Checking ☐ Savings

Routing Number: _____ Business ☐ Checking ☐ Savings

****Debit/Credit Card Type:** ☐ Visa ☐ Master Card ☐ Discover ☐ 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