

Office Use Only

Relevé Studios - Registration Form

Date: _____

Application for : Relevé student **New student** = \$25 registration fee
 sibling of Relevé student **Lapsed student** (out of class > 1 year) = \$20 reinstatement fee

FINANCIAL POLICIES & LIABILITY WAIVER:

I understand and fully agree to the following (please initial each):

- _____ **1.** Semester fees must be paid through **AutoPayment** (monthly withdrawal from a credit card or EFT), or a **full semester payment** (or two installments: pre-semester & mid-semester) by cash, check or credit card.
 - * **2011 Summer Semester:** July 9 - September 2 (2 months)
 - * **2011-2012 Fall Semester:** September 6 - January 28 (5 months)
 - * **2012 Spring Semester:** January 30 - June 17 (5 months)
 - * 2012 Recital: June 15-17, 2012

_____ **2.** I will be charged a \$25.00 fee for any denied, returned or NSF payments.

_____ **3.** I must notify the studio 24 hours (or more) in advance for an absence to be considered "excused" and thereby eligible for a make-up class. I may use that make-up in another dance class within thirty (30) days. I cannot use my regular class for a make-up. There is a limit of 8 make-ups per month.

_____ **4.** Unused classes do not carry over into the next month.

_____ **5.** **There are no credits, refunds, or extensions for holidays or missed classes.** Absences, vacations, or holidays will not be pro-rated.

_____ **6.** My tuition fees are non-transferable to any other person.

_____ **7.** The 10% sibling discount applies to 2nd and additional siblings taking fewest number of dance classes. It does not apply for private lessons, music lessons, acting classes, or fitness.

_____ **8.** I will communicate any registration changes by filling out an ADD/DROP form by the 20th of the month prior to the change taking place. I understand that not attending a class does not excuse me from paying for it.

_____ **9.** Relevé Studios reserves the right to cancel or change any class at any time. Instructors are active professionals and schedules are subject to change without notice.

_____ **10.** I agree to read the Relevé Studios Handbook and agree that my child and/or I will adhere to all the guidelines therein, including the recital policies, and hair and dress code.

CONTACT INFORMATION:

Parent/Guardian's Name		Cell Phone
Mailing Address		Home Phone
City, State ZIP	Email Address	
Emergency Contact Name (and relationship to student)		Emergency Contact Phone #

STUDENT INFORMATION:

Student Name (and Nickname)	Age	Date of Birth
Allergies? Physical Restrictions? Other Health Concerns? (Use back of form if necessary.)		

Prior Training: None 0 - 1 year 1 - 2 years 3 - 4 years 4 + years

Prior Classes: _____

How did you discover Relevé Studios? _____

Referral Credit Applied

CLASS REGISTRATION:

CLASS NAME or CAMP TITLE <i>(please list additional classes on reverse side)</i>	CLASS DAY/TIME or CAMP DATES	PRICE

please note: All new students must pay a \$25 registration fee. (ask front desk for handbook)

TOTAL DUE: _____

Referral Credit Applied

By signing below, I hereby release Relevé Studios and their agents / representatives of liability for any injury to my child (or myself) in class, in the Relevé facilities, or while participating in Relevé sponsored performances.

I understand that in the event medical intervention is needed, attempt will be made to contact the person(s) listed on the student's registration form. In the event we cannot be contacted for the health and well being of my child (or myself), I hereby authorize a representative of Relevé Studios to authorize whatever medical treatment that might be necessary in an emergency situation. I understand that my medical insurance carrier and I are financially responsible for any medical treatment extended to my child (or myself), and that Relevé Studios and its agents or representatives cannot be held accountable or liable for such medical treatment. I furthermore give Relevé Studios authority to use the participant's image in photographs, videos, and web pages for promotional purposes.

PAYMENT METHOD: Amount: _____ Date Pd: _____ **AUTO PAY** **IN FULL** **HALF**

cash check Visa MasterCard AmericanExpress Discover Debit Online

Parent or Guardian Signature (unless participant is more than 18 years old)

Please use reverse to make us aware of any family, learning or medical issues that may impact class or student performance. This information will be kept confidential.