

DANCE DIMENSIONS
DANCE AND FITNESS BY JEN NASO
(MINOR)

STUDENT'S NAME: _____ AGE: _____
ADDRESS: _____ BIRTH DATE: _____
CITY, ZIP: _____ HOME PHONE: _____
WORK OR CELL PHONE: _____ E-MAIL ADDRESS: _____
PARENTS – MOTHER: _____ FATHER: _____

EMERGENCY CONTACT NAME: _____
RELATIONSHIP: _____ PHONE: _____

PERSON RESPONSIBLE FOR PAYMENT: _____
ADDRESS: _____ CITY, ZIP: _____

PAYMENT/REGISTRATION

***Payments are due the 1st week of every month. June tuition is prorated and due before costumes go home the week of May 17, 2021. A \$10.00 late fee will be assessed for all late payments received after the 15th of the month and \$5.00 every month thereafter until late month tuition is paid- regardless of payment history.**

No refunds, adjustments, or prorating of tuition and fees.

PLEASE KNOW THAT DANCE DIMENSIONS HAS YOUR CHILD'S BEST INTEREST IN MIND. YOUR CHILD WILL BE PLACED INTO THE APPROPRIATE CLASS LEVEL AS ADVISED BY THE DANCE EDUCATOR'S RECOMMENDATIONS.

PARENT'S SIGNATURE: _____ DATE: _____

CLASS DATE AND TIME

SUMMER

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

FALL

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

RELEASE FORM SIGNED: _____

CHECK #: _____ AMT: _____

FALL TUITION: _____

CASH: _____ AMT: _____

SUMMER TUITION: _____

REGISTRATION FEE: _____ \$35.00 FOR NEW FAMILIES

\$10.00 FOR EACH RETURNING STUDENT

Please complete reverse side

DANCE DIMENSIONS
ACKNOWLEDGEMENT AND RELEASE
(MINOR)

Dear Parent:

Please read carefully. Your child will not be allowed to participate in classes until this release is completely filled out and received by the Studio.

The undersigned, being the parent or guardian of _____
(Insert Child's Name)

A minor, (the "Child" acknowledge that they have registered the Child to participate in a dance/exercise program with Dance Dimensions...Dance and Fitness by Jen Naso Inc. (the "Studio"). The undersigned further acknowledges that they are aware of no medical conditions of the Child which would impair the Child's ability to participate and/or which would subject the Child to personal injury or illness.

In addition, as a term of the Child's participation on behalf of them self and on behalf of the Child, hereby voluntarily assumes all risk of accident, injury, illness and/or damage to the Child or his property. Further, the undersigned hereby releases and discharges the Studio, its shareholders, directors, officers, employees, volunteers, owners, and assigns from every claim, liability and/or demand of any kind for or on account of any personal injury, illness and/or damages of any kind sustained, regardless of the cause.

Dated this ____ day of _____, 20 ____, at Strongsville, Ohio.

(Print) Parent or Legal Guardian _____

(Signature) Parent or Legal Guardian _____

A Minor _____

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I grant Dance Dimensions and Fitness by Jen Naso Inc., its agents and employees permission to authorize any emergency medical treatment that may be required for my child during the 2019 – 2020 session. My medical insurance is offered through:

Insurance Company Name

Policy Number,

I, the undersigned, have read this release/authorization and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature of Parent/Legal Guardian

Date

