



2018-2019
 Registration Form
 2525 W 2nd St Suite 110
 402-303-1300

Dancer #1				
	(Last Name)	(First Name)	(Age Today)	(DOB)
Dancer #2				
	(Last Name)	(First Name)	(Age Today)	(DOB)
Dancer #3				
	(Last Name)	(First Name)	(Age Today)	(DOB)
Dancer #4				
	(Last Name)	(First Name)	(Age Today)	(DOB)
Dancer #5				
	(Last Name)	(First Name)	(Age Today)	(DOB)

Dancer # ____ Class _____ Day ____ Time _____	
Dancer # ____ Class _____ Day ____ Time _____	Grand Total _____
Dancer # ____ Class _____ Day ____ Time _____	
Dancer # ____ Class _____ Day ____ Time _____	Bi-Yearly Total _____
Dancer # ____ Class _____ Day ____ Time _____	
Dancer # ____ Class _____ Day ____ Time _____	Monthly Total _____
Dancer # ____ Class _____ Day ____ Time _____	ACH Date _____
Dancer # ____ Class _____ Day ____ Time _____	ACH Period _____
Dancer # ____ Class _____ Day ____ Time _____	
Dancer # ____ Class _____ Day ____ Time _____	Recital Fee _____
Dancer # ____ Class _____ Day ____ Time _____	
Dancer # ____ Class _____ Day ____ Time _____	Receipt # _____
Dancer # ____ Class _____ Day ____ Time _____	
Dancer # ____ Class _____ Day ____ Time _____	
Dancer # ____ Class _____ Day ____ Time _____	

Actual class placement will depend upon student ability, instructor placement and space availability.

Relationship to Dancer	Primary _____	Secondary _____
Names	Primary _____	Secondary _____
Home Phone	Primary _____	Secondary _____
Cell Phone	Primary _____	Secondary _____
Work Phone	Primary _____	Secondary _____
Email	Primary _____	Secondary _____
Address _____		
Address if Different from Dancer _____		

Emergency Contact incase Parent or Guardian is Unavailable

Name| _____ Relation| _____ Phone| _____

Payment

You are paying for 32 weeks of dance (31 weeks of classes, even though you are getting 32 classes, plus the Recital Week)

Required by all Participants

Membership dues| \$35 per family (non-refundable)

Recital Fee| \$20 per dancer (unless the only class your child is in is Tumbling, this is also non-refundable)

9 Equal Monthly Payments Automatically Withdrawn

The first payment is due upon registration. The remaining installments will be withdrawn on the 5th or the 20th of each month with the final payment being in April (May if you registered late). **NO refunds will be given.**

The YWCA will make the with-drawl on the date you have selected. If it comes back as insufficient funds, it will be run once more. If it comes back as insufficient funds for a second time, you will be notified that you need to pay your monthly amount by cash with a \$5 late fee for each week it is past due by the end of the month or you will be asked pay for the remaining classes in full or to leave the dance program.

Once this happens 3 times, you will be asked to leave the dance program.

If for any reason you and your child decide to end your participation in dance, you will need to bring in written letter or email the instructor notification of termination at least 30 days prior to your next payment so as to afford the YWCA of Adams County and depository a reasonable opportunity to act on it.

2 Half Payments

The first payment is due at registration. The remaining half is due by the **17th of January 2019.**

There will be a \$10 late fee for each week the second half payment is overdue starting February 1.

No refunds will be issued should you decide to end your participation in the YWCA School of Dance prior to the end of the semester.

Full Payment

Dance tuition is to be paid in full at registration *at a discounted price.*

No refunds will be given if paid in full at early registration events.

Should you decide to end your participation in the YWCA School of Dance prior to the 1st semester, you will receive the balance of your total tuition less the 1st semester payment.

Should you decide to end your participation in the YWCA School of Dance prior to the end of the 2nd semester, you will receive the balance of your total tuition less the 1st semester payment and any months you were in class.

The YWCA reserves the right to discontinue further participation of your child if payments are not received as stipulated above, or if advance arrangements have not been made. Reinstating your child will be considered on an individual basis with the approval of the Instructor and Executive Director. Class fees are based on the total program costs; instructor, building, equipment, etc. Space is reserved for your child(ren); therefore, **if a class is missed for another activity or illness, full payment is expected.**

agreement for participation

As the legal parent and/or guardian, I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury. I release the YWCA School of Dance and it's owners and operators from any liability, claims, demands, and causes of action whatsoever arising out of or related to any loss, damage, illness or injury, including death, that may be sustained by the participant and/or undersigned, while in or upon the premises or in route to or from any of said premises.

Initial| _____

I grant permission to the staff of the dance studio to take first aid or emergency measures as judged necessary for the care and protection of my child while under the supervision of the school. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the emergency deems necessary. I understand that in some medical situations the staff will need to contact the emergency resource before the child's parent, physician, and/or other person acting on the parent's behalf. I also understand and agree that the child's legal parent's and/or guardians shall be responsible for any expenses incurred.

Initial| _____

I understand that it is my responsibility as the parent and/or legal guardian to notify the instructor of any pre-existing or temporary medical, mental or physical conditions.

I understand that appropriate physical contact is required during the instruction of dance, and I give permission for instructors to make appropriate physical contact with me or my child for such instruction. **Initial|** _____

In conjunction with my participation, I give permission to the YWCA School of Dance to take and use photos and/or videos of me or my child without remuneration in connection with studio publications, website, social media and advertising. I understand that for the safety of our dancers and families, names will not be published or posted publicly unless granted permission. **Initial|** _____

I have received the student handbook and agree to adhere to all the content stated therein including; Studio Policies, Tuition and Payment Information and Policies, Dress Code, Participating Agreement and our Calendar.

Initial| _____

I agree to be responsible for reading studio correspondence and respecting deadlines, when applicable.

Initial| _____

I hereby acknowledge that I have read the statements about our organization and agree to participate accordingly.

Initial| _____

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Signature: _____ Date: _____

If you have any questions or concerns, please contact the YWCA Adams County; 2525 W 2nd St.; Hastings, NE 68901; 402-462-8821.