

Top Hat Dance Studio

Our 30th Year!

2024-2025 Registration Form

Please Print Clearly

Student Name _____ Age _____ Birthdate _____

Parent Name(s) _____

Address: _____
Street

_____ City State Zip

Phone Numbers: Home _____ Cell _____

Please circle which above number is the primary phone number

E-Mail _____

Emergency Contact _____ Relationship _____

Phone Numbers: Home _____ Cell _____

Please circle which above number is the primary phone number

Health Challenges _____

Current Medications _____

Dance Experience _____

Dance Classes Desired (1) _____ (2) _____

(3) _____ (4) _____ (5) _____

For Office Use Only

Payment: _____ Method: _____ Date: _____

Notes: _____

Please Initial & Sign Both Sections

Release Form

_____ **Photo and Video Consent:** Consent is granted for the student to be photographed or videotaped. These may be used without compensation in a public presentation. The student is free to refuse to be photographed or videotaped.

_____ **Injury Release:** It is understood that the risk of physical injury is inherent in dance training. Top Hat Dance Studio, LLC strives to reduce that risk through proper training techniques. However, by signing this form, the undersigned is willing to assume those risks and release, hold harmless, and indemnify Top Hat Dance Studio, LLC, its related entities, independent contractors, agents, employees, officers and representatives from and against any and all claims, demands, actions, judgments which the undersigned, or any person ever had, or may have against Top Hat Dance Studio, LLC for any losses, costs and expenses (including attorney's fees) and damages or injuries known or unknown, real or personal, sustained by me or my child while in attendance and/or participating in all Top Hat Dance Studio, LLC programs. The undersigned also agrees that he or she will not hold Top Hat Dance Studio, LLC responsible for the loss or damage of personal property while in attendance and/or participating in any Top Hat Dance Studio, LLC program.

_____ **Physical Contact:** Dance is an art form that requires teachers to be able to have appropriate physical contact for the purpose of making technical corrections. Consent is granted for such physical contact.

_____ **Rules and Policies:** The signature below implies agreements to abide by the rules and policies of Top Hat Dance Studio, LLC. This includes, but is not limited to, behavior that exhibits respect to fellow students and the teacher as well as the facility.

Students's Name (please print) _____ Student Signature _____

Signature of Parent/Guardian _____ Date _____

Financial Responsibilities and Policies Accepted At Registration

- **I understand that tuition paid monthly is based on a 36 week season NOT how many weeks/classes are in a month.**
- I understand that tuition is due the 1st of the month.
- I understand that prepaid tuition, deposits, and costume fees are **non-refundable**.
- **I understand there are no tuition deductions for missed classes.**
- I understand that May tuition as well as past due accounts must be paid in full in order for my child to participate in the Spring Showcase.
- I will pay tuition using one of the payment plans: Monthly (due on the 1st of the month), Three Payment option (due in September, December, March), Annual (due in September).
- I understand that by choosing to pay monthly, I will be paying 9 full monthly payments September - May.
- Payments can be made via check, cash, or credit card. There is a \$30.00 charge per returned checks.
- Family Discount (Monthly Payment Plan Only) - \$5.00 off monthly tuition for each additional family member.

I have read and understand my financial responsibilities and the payment policies:

Parent/Guardian Signature: _____ Date: _____