



Registration Form

1221B N. Horner Blvd

Sanford NC 27330

Mailing Address

705 N. Vance St. Sanford

919-774-6228

Email... dance@dancersworkshopnc.com

Web Site... www.dancersworkshopnc.com

Please fill in the information below and return it to the Dancer's Workshop along with your \$25 non-refundable registration fee and first month's tuition.

STUDENTS NAME: _____

DATE OF BIRTH: ____/____/____ AGE: _____

PARENTS NAMES: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME # _____ CELL # _____

EMAIL: _____

EMERGENCY CONTACT: _____

THIS STUDENT IS REGISTERING FOR THE FOLLOWING:

- | | | |
|-------------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> PRE-SCHOOL | <input type="checkbox"/> TAP | <input type="checkbox"/> BALLET |
| <input type="checkbox"/> HIP HOP | <input type="checkbox"/> JAZZ | <input type="checkbox"/> LYRICAL |
| <input type="checkbox"/> COMBO | <input type="checkbox"/> ACRO | <input type="checkbox"/> TECHNIQUE |

MINIMUM 1 HOUR PER WEEK

| | | | | | |
|----------------------------------|----------|----------------------------------|----------|--------------------------------|-------|
| <input type="checkbox"/> 1 hr | \$55/mo | <input type="checkbox"/> 3.5 hrs | \$110/mo | <input type="checkbox"/> 6 hrs | \$160 |
| <input type="checkbox"/> 1.5 hrs | \$70/mo | <input type="checkbox"/> 4 hrs | \$120/mo | Every half hour | |
| <input type="checkbox"/> 2 hrs | \$80/mo | <input type="checkbox"/> 4.5 hrs | \$130/mo | above 6 hours is | |
| <input type="checkbox"/> 2.5 hrs | \$90/mo | <input type="checkbox"/> 5 hrs | \$140/mo | \$5 additional | |
| <input type="checkbox"/> 3 hrs | \$100/mo | <input type="checkbox"/> 5.5 hrs | \$150/mo | per month | |

We welcome you to our studio and what we feel is 'the wonderful world of dance'!!!

This year we are requiring a 30 day notification if your child leaves our school.

For you, this will mean that if you choose to leave our studio and you have an outstanding balance due for anything; you are still responsible to pay this in full.

Anyone **two months** behind in tuition may not be allowed to continue dance until all fees are paid in full. There will be no privates allowed until this is done.

Once costumes are ordered, you are responsible for this bill whether or not your child is still with us.

It is of utmost importance that you do NOT just stop showing up without notifying us!!!

Again, you will be responsible for any costumes ordered or made for your child, as well as any unpaid tuition, prior to notification of your leaving.....

THANK YOU....

Parent or Guardian Signature

The Dancer's Workshop

1221 B N. Horner Blvd., Sanford N.C. 27330

919-774-6228 or 919-775-9518

Liability Release Form

To: Dancer's Workshop and Employees

Event or Activity: Dance classes, acrobatic classes and all related recitals, performances and special events.

Participant:(Student's Name)_____

I understand that the participation in the above events or activities could include actions or tasks which might be hazardous to the participant named above.

By signing below, I assume any risk of harm or injury which might occur to the participant due to their participation in the event or activity. I release The Dancer's Workshop and all of it's employees, from all liability, costs and damages which might arise from participation in the above named event or activities.

If the participant is a minor, I agree that the minor has my consent to participate in the events and activities. I further provide my consent for The Dancer's

Workshop or any of the employees to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

Signature of Participant_____ Date_____