

Kinetic Arts Dance Studio: 2010-2011 Registration Form & Liability Waiver
303-674-9806 www.kineticartsdance.com

PERSONAL INFORMATION

Student's Name (one per form please): _____ Date of Birth: _____

Parents' Names: _____

Phone (H): _____ Phone (C): _____ Phone (w): _____

Mailing Address: _____

E-mail Address: _____

All regular studio communications will be via e-mail unless a paper copy is requested. If you wish to receive a paper copy of studio announcements please place a check mark **here** _____.

How did you hear about Kinetic Arts? _____

CLASS SELECTIONS:

	<u>CLASS NAME</u>	<u>DAY</u>	<u>TIME</u>
1.			
2.			
3.			
4.			
5.			
6.			

TUITION & FEES:

½ HOUR PER WEEK = \$35/MONTH	2.5 HOURS PER WEEK = \$105/MONTH
.75 HOUR PER WEEK = \$45/MONTH	3 HOURS PER WEEK = \$120/MONTH
1 HOUR PER WEEK = \$50/MONTH	3.5 HOURS PER WEEK = \$140/MONTH
1.5 HOURS PER WEEK = \$70/MONTH	4 HOURS PER WEEK = \$150/MONTH
2 HOURS PER WEEK = \$85/MONTH	4.5 + HOURS PER WEEK = \$180/MONTH

Tuition Calculation: TUITION CALCULATIONS ARE PER CHILD, NOT PER FAMILY. You may pay for siblings with one check/credit card payment, however.

_____	Total class hours per week
1. \$ _____	Monthly Tuition Payment September-May (see pricing chart above)
2. \$ _____	August Tuition Payment (2 weeks tuition – 50% of monthly tuition amount)
3. \$ _____	Annual Registration Fee (\$20 per family after Aug. 1, \$10 per family before Aug. 1)
4. \$ _____	Optional: Kinetic Arts T-shirt: \$15/each Child Sizes: 4-6 /8-10/12-14 Adult Sizes: S/ M/ L/ XL
5. \$(_____)	<u>10% Sibling Discount</u>
\$ _____	TOTAL FIRST PAYMENT (add lines 1-4 & deduct sibling discount)

PAYMENT OPTIONS

PLEASE SELECT ONE OPTION

____ CHECK/CASH (DUE THE LAST WEEK OF EACH MONTH)

____ CREDIT CARD (CHARGED ON THE 25TH OF EACH MONTH)

____ Visa ____ MasterCard

Name on card _____

CC# _____

Expiration date _____

I hereby authorize Kinetic Arts Dance Studio to charge my \$ _____ on the 25th of each month.

Signature: _____

LIABILITY WAIVER & AGREEMENT

Assumption of Risk/Liability Release: I grant permission to the staff of the dance school to take first aide 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 unit deems it necessary. I understand that in some medical situations the staff will need to contact the emergency resource before the child's parent, physician, or other person acting on the parent's behalf. I also understand and agree that the child's parents or legal guardians shall be responsible for any expenses incurred. As the parent and legal guardian of _____, I agree to hold harmless from any and all liability the school, its officers, employees, both in their professional capacity and personally from all injury or illness resulting from, or in any way connected with his/her participation in the classes, activities, or special events at the school. I understand that it is the school's policy that while under the supervision of the school no child is allowed to leave the building without a parent/legal guardian or the written permission of the parent/legal guardian and that the parent/legal guardian assumes full responsibility for the actions and behaviors of the child. Parents/legal guardians give their permission to the school to use photos and or video of their child without remuneration in connection with school publications, advertising, tv and news coverage

INSURANCE COMPANY _____

POLICY NUMBER _____

I have read and agree to the Kinetic Arts Dance Studio Policies.

Parent/Guardian Signature:

Date: _____

Please drop all registrations at the studio OR MAIL completed registration forms to:
Kinetic Arts Dance Studio
28572 Shadow Mountain
Conifer, CO 80433