

# Confirmation Form

*Please return to us!*

Please confirm the classes you wish to attend for the year in the table below.

Return to us with total tuition due for August plus half of the costume total for the year.

Remember, if a dancer is taking 5 or more classes that dancer receives 10% off of his/her monthly tuition each month.

Dancer Name: \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Class Type	Day	Time	Instructor	Dance Room	Class rate	Costume rate

Total # of classes per week: \_\_\_\_\_ Estimated Monthly tuition: \$ \_\_\_\_\_ (Subtract 10% if student is taking 5 or more classes a week)

Monthly Tuition total: \$ \_\_\_\_\_ Estimated Costume Total for all classes: \$ \_\_\_\_\_ (1/2 is due for deposit)

Please disclose other activities/ sports you are involved in: \_\_\_\_\_

## Method of Payment

Parent(s) Name \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

\*which is the best contact # if a class is canceled? \_\_\_\_\_

### Please check one:

Check enclosed payable to "Dance Etc"

Cash or Money Order

Credit Card on file

Please use my Credit Card not on file

Please check this box if you would like to enroll in our "Equal Payment Plan" – your tuition will be split into 9 equal monthly payments thru the dance season (Sept – May).  
All Intensive dancers WILL be automatically enrolled in our Equal Payment Plan

Circle one MC VISA DISCOVER AMEX

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_ CVV code on back \_\_\_\_\_

Signature X \_\_\_\_\_

Please check this box if you wish for us to automatically charge your dance tuition to your credit card each month. We'll charge your credit card between the 25<sup>th</sup> & 30<sup>th</sup> of the previous month for the tuition due the following month. Costume balances will be charged with your November tuition.

Please turn over & make sure to sign! ->

To satisfy requirements from our insurance company, dancers will NOT be allowed in class unless we have a current liability waiver on file from a parent/guardian.

Please read the waiver below, then sign, date & return to us. Thank you!

### 2017 - 2018 Liability Waiver

My signature below releases AGL Dance LLC., Dance Etc., and Boulder Theatre LLC, their officers, directors, staff, employees, independent contractors, volunteer helpers, & landlords from any and all liability that may result from myself, my children, or any member of my family participating in dance lessons, exercise classes, rehearsals, parties, private lessons, performances, field trips, or any function held at or sponsored by AGL Dance LLC., Dance Etc., and Boulder Theatre LLC. I agree to hold Dance Etc., and Boulder Theatre LLC, their officers, directors, staff, employees, independent contractors, volunteer helpers, & landlords 100% harmless for any and all injury that may result from my dancer, myself, or any member of my family participating in the activities listed above. Our participation is completely voluntary. I have listed any special medical problems that I have or my dancing child has below. Our family doctor approves of our participation in the above listed activities in spite of these medical problems.

**My signature verifies that I have read this waiver and agree and accept its contents.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Please PRINT name of Parent or Guardian

\_\_\_\_\_  
Please write the name(s) of your dancing children

\_\_\_\_\_  
Today's Date \_\_\_ - \_\_\_ - 201\_\_

Does your child have any allergies or other special medical needs we should be aware of? If so, please list them here:

\_\_\_\_\_  
Please give us a name & phone number of your nearest relative or friend that we may call in a semi-emergency if we cannot reach you, (i.e.: stranded child, tummy ache, etc.) In a crucial emergency we will call 911!

\_\_\_\_\_  
Your nearest friend or relative

\_\_\_\_\_  
His/her phone number (s)

### Studio Policies 2017 - 2018

Parents/Guardians and Dancers 4<sup>th</sup> grade & older will need to sign their name on the line below so I know that you have read, understand & accept all of our policies which are listed on the enclosed paper. Your signature below is your promise to me & my entire staff that you will (1) respect & uphold all policies and (2) never ask to be an exception to any of them –because if one person is an exception, everyone should be an exception.

**Please be sure you have read the policies before signing your name below.**

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Signature of Dancer 4<sup>th</sup> grade & older

**Please be sure both sides are filled out completely!**

**(Class Confirmation & Method of Payment, Liability Waiver & Studio Policies)**

**Return this page to us, along with your August tuition & Costume Deposit by July 25<sup>th</sup>, 2017.**