Registration Form 2014-2015

WAIVER OF UABILTY STATEMENT:

I, the undersigned parent or legal guardian of the dancer{s) herein, do hereby give permission for the aforementioned dancers to participate in any and all classes, programs, competitions, fundraisers, shows, and events offered by or attended by Midwest Elite Dance Center, LLC. Students and parents are responsible for following all of the policy and procedures of Midwest Elite Dance Center, LLC. Be it known: that within the limits of our training and experience the necessary precautions are taken to protect the student from physical injury during the instruction period. Any students participating in Midwest Elite Dance Center, LLC and/or their parents/guardian, must understand that despite the precautions taken any injury resulting from such participation, including in the lobby areas and in the parking lot, will not be the responsibility of Stacie Hawley, Midwest Elite dance Center, LLC, and or any of its' instructors or staff. Please understand we do not provide supervision in the waiting room or parking lot, If injury should occur while waiting, this is not the responsibility of Stacie Hawley, Midwest Elite dance Center, LLC and, or, any of its' instructors.

INSURANCE AND PERMISSION OF TREATMENT:

My signature below indicates my certification that I have medical insurance on the dancer(s) listed herein and will maintain continuous medical coverage while he/she dances at Midwest Elite Dance Center, LLC. I also authorize Midwest Elite Dance Center, LLC and its owners, employees, and staff to use the standard first aid procedures on the dancer(s) listed herein and to consent other medical procedure that is deemed necessary in case of an emergency. I certify that I personally and/or my medical insurance carrier will be responsible for all expense; which are incurred in relating to any injury sustained during and Midwest Elite Dance Center, LLC activity, including, but not limited to Midwest Elite Dance Center, LLC classes, shows, competitions, fundraisers, etc.

Midwest Elite Dance Center Rules and Regulations:

My signature below indicates that I have read, understand, and will abide by all general rules and regulations that are set forth by Midwest Elite Dance Center LLC. As the parent or legal guardian, I agree to make all payments by their assigned due date. I agree that if I do not make payments by the assigned date a late fee will be added. I also agree that if we do not follow the proper withdrawal procedures, we will be accountable for all charges and fees accessed.

Parent/Guardian's name (Print):_____

Parent/Guardian's Signature:_____

Date:_____

Tuition due on the 1st of the month: $_____

Non-Refundable Registration fee: $_____
(1student $20/ 2+ students $30)

Credit Card number must be on file. Late tuition will be applied to Card.

Spring Recital Costume(s) $75 ea. - choose an option below.

1 ❑ Pay in full by Nov. 1st. 5% discount: $_____

2 ❑ $50 Deposit by Nov 1st (per costume): $_____

Balance due by Jan. 30th: $_____

Please initial the following statements:

_____ I have signed the MEDC waiver form for my student(s).

_____ Studio policies are at www.midwestelitedance.com

_____ I understand that I remain in class until June 2015. To withdraw my student(s) I must fill out a class change form.

_____ I understand that if I pay in full (receive discount), I am not entitled to a refund if I withdraw my student early.

_____
Mother's Name First & Last

_____
Father's Name First & Last

_____
Street Address

_____
City/State/Zip

_____
Home

_____ _____
Mother's Cell Father's Cell

_____ _____
Mother's Email Father's Email

Student 1:_____

Birth Date:_____ ❑ Male ❑ Female

School:_____ Grade:_____

Medical Info:_____

DR. Name:_____ Phone:_____

Class:_____ Day:_____ Time:_____

Class:_____ Day:_____ Time:_____

Class:_____ Day:_____ Time:_____

Class:_____ Day:_____ Time:_____

Total Hrs:_____ **Tuition: $**_____

Student 2:_____

Birth Date:_____ ❑ Male ❑ Female

School:_____ Grade:_____

Medical Info:_____

DR. Name:_____ Phone:_____

Class:_____ Day:_____ Time:_____

Class:_____ Day:_____ Time:_____

Class:_____ Day:_____ Time:_____

Class:_____ Day:_____ Time:_____

Total Hrs:_____ **Tuition: $**_____

With 20% Family Discount: $_____

How did you hear about MEDC?

❑ Internet ❑ Drive by/Sign ❑ Flyers ❑ Parade

❑ Friend:_____ ❑ Other:_____

❑ Sign me up for automatic credit card billing!

Credit Card #:_____

Exp. Date:_____ Security Code:_____

Signature:_____