



Student Registration & Release Form

1827 NE 25 Street
Lighthouse Point, FL 33064
(954) 942-6122
realdancestudio@aol.com
www.realdancestudio.com

Guardian Name(s)					
Address				City	
State		Zip Code		Primary Phone #	
Guardian #1 Cell				Guardian #2 Cell	
Primary Account Email				Additional Email	

Email is our primary form of communication with our families. Please add our regular email address: realdancestudio@aol.com as well as our notification email address: realdancestudio@thestudiodirector.biz (outbox only) to your address book in order to help ensure you receive all messages from us throughout the year. ALL EMAILS PROVIDED WILL RECEIVE ALL EMAILS WESEND, including payment receipts. RealDance will never share your email information with outside sources for any reason.

Student Name				Birthdate	
Academic School				Grade	
Student Cell #			Student Email		
Previous Dance Experience (if any)					
Please list allergies, medications taken regularly, physical limitations, and/or other special needs relevant to a learning environment					

My child has an allergy that requires they carry an EpiPen (please circle one): YES NO

In the event of an emergency, our first call is always to the guardians! Please provide at least one other option in case we are unable to get through to you at the numbers provided above.

Emergency Contact Name					
Relationship to Student				Phone #	
Emergency Contact Name					
Relationship to Student				Phone #	

I have read and agree to all terms and conditions set forth on the RealDance website and policy forms.

Guardian Signature: _____ **Date:** _____

Class Name		Day		Time	
Class Name		Day		Time	
Class Name		Day		Time	
Class Name		Day		Time	
Class Name		Day		Time	
Class Name		Day		Time	
				Registration Fee	
				Tuition	

WAIVER and RELEASE of ALL CLAIMS AND PERMISSION TO SECURE TREATMENT

Please read this form carefully. Be aware that in registering yourself or your minor child at RealDance, you will be waiving and releasing all claims for injuries you or your minor child might sustain arising from participating in such activities.

I recognize and acknowledge that there are certain risks of physical injury to participants in any physical activity or sport, including classes and activities offered at RealDance. I agree to assume full risk of injuries, damages, or loss, regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities at RealDance.

By my signature below, I certify that I and/or my minor child are physically able to participate in classes and do hereby agree that this business and its owners, employees, contractors, instructors, assistants, or agents are not responsible or liable to me for any injury, accident, or loss of personal property. I, for myself and my minor child, do hereby release this business and its employees, contractors, assistants, owners, and agents from any claim or cause of action which may have occurred as a result of participation in classes at RealDance or as a result of any medical problem known or unknown of which I have knowledge presently or in the future. I agree to waive and relinquish all claims that my minor child or I may have against RealDance and its owners, employees, contractors, instructors, assistants and agents as a result of participating in classes at RealDance.

I further agree to indemnify and hold harmless and defend RealDance and its owners, employees, contractors, instructors, assistants and agents from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with classes at RealDance. This includes activities held in the studio and all other RealDance related, organized, sponsored, endorsed, promoted, and approved events.

In the event of an emergency, I authorize RealDance or its agents to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child's immediate care and agree that I will be responsible for payment of all hospital, transportation, and medical charges which are incurred. I recognize and acknowledge that RealDance or its agents will not be responsible for honoring specific hospital or healthcare provider preferences.

I hereby give RealDance the absolute right and permission to use my and/or my minor child's name, image, interview, performance or other auditory or visual image as a RealDance participant. I grant copyright and/or publishing rights to use pictures or video of me and/or my minor child of which the inclusion is in whole or in part, made through any media or Internet website at its studios or elsewhere, for research, education, advertising, trade or any other lawful purpose whatsoever whether taken in the studio, classroom, dance performance, dress rehearsal, competition, recital, or other studio event and whether these events are within, pre, or post the enrolled semester. I hereby waive any right that I may have to inspect and/or approve the finished product that may be used in connection therewith, or the use of which it may be applied.

I have read and fully understand the terms of the above Waiver and Release of All Claims and Permission to Secure Treatment. I accept and assume such risks on behalf of myself and my minor child or children, and understand that I have given up substantial rights by signing it. I further affirm that I have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.

Student #1 Full Name: _____

Student #2 Full Name: _____

Student #3 Full Name: _____

Printed Name of Guardian: _____

Signature of Guardian: _____

Date: _____

Realdance Policies

By initialing below I acknowledge that I have reviewed, understand and give consent to the following:

Students are to arrive **NO MORE THAN 10 MINUTES EARLY** and be picked up promptly when class is over. Students under the age of 10 should be **walked into the studio and supervised by a parent until their teacher is ready to begin class.** THE CITY OF LIGHTHOUSE POINT HAS INSTITUTED AN OCCUPANCY LIMIT AT THIS LOCATION. A "late pick up fee" of one dollar per minute will now have to be added to the account holder's monthly charges. _____

Our dress code is black leotard (no attached skirt please!) for all classes. Pink tights for ballet, tan tights may be worn for all other classes. Black jazz or Yoga pants (no sweats or other colors) may be worn for jazz, tap and hip hop. Hair is in a bun (with hairnet and bobby pins) for all classes. _____

Students register for the season that runs from August to May. Tuition is an hourly price based on 32 classes per school year which we have divided into 10 equal installments. In most cases, extra classes are built in for emergency weather closures _____

Realdance utilizes "Vantiv", an automated billing system for all payments. Each account holder must provide the studio with a debit or credit card that we bill tuition to on the first day of each month. _____

It is the account holder's responsibility to keep payment information current. If your card is declined on the first of the month, a \$30 fee will automatically be assessed to your account. _____

Tuition is non-refundable. _____

There will be no refunds or pro-rating for missed classes. Students may makeup classes within a two month period. _____

Your child will be cast in one recital routine per dance hour, requiring one costume, which they will be measured for in November. Our measurements and your size recommendation will be considered when ordering their costume. When in doubt, we will get the larger size. _____

Costume forms must be turned in before Thanksgiving break. If the form is not returned and full payment is not received, no costume(s) will be ordered. _____

Recital dates and dress rehearsal dates are announced in January. Dress rehearsal is mandatory for all dancers participating in the recital and is usually a week night in May. Recital is on a weekend, in May as well. Please consider this when planning your child's calendar. _____

Good attendance is required in order to participate in our spring recital. Excessive absence may result in dismissal from the performance. _____

Realdance does most communication through email. It is the account holder's responsibility to provide a current email address and to check it regularly for studio updates. _____

I will respect the time limits of the designated drop off/pick up parking spots _____

I understand that due to maximum allowable occupancy, there may be days where parent observation of classes on the closed circuit television system may not be possible, and I may be asked to pick up my child when their class ends instead of waiting inside the studio for the duration of the class. _____

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AUTO PAY
CREDIT CARD AUTHORIZATION FORM

RealDance Account Name: _____

Credit Card #: _____

Name as it appears on card: _____

Expiration Date: _____ (Month/Year)

Amount to be charged monthly: _____

This credit card is (circle one): Visa MasterCard Discover*

This credit card account is (circle one): Debit Credit

Other products that you would like *automatically* charged (circle all that apply):

Recital Costumes (upon ordering)

Recital Tickets (upon ordering)

Recital DVD (upon ordering)

Merchandise (upon ordering)

I understand that my tuition will automatically be charged to this credit/debit card on the first day of each month and a service charge of \$30.00 will be assessed to my account each month that my card is declined.

Signature: _____

Date: _____

Withdrawals must be submitted 30 days prior to the next billing cycle in order to avoid additional charges. Billing does not cease until your written notice of intent to withdraw is received.

*Please note that charges on Discover cards may occasionally appear before the first of the month