

# **VIBE DANCE COMPANY (734) 497-4534**

## **REGISTRATION FORM**

Students Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Students Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Parent 1 (Primary Contact) \_\_\_\_\_ Parent 2 \_\_\_\_\_  
 Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Payment Information Registration Fee \$25.....\$ \_\_\_\_\_

1st Month's Tuition.....\$ \_\_\_\_\_

TOTAL.....\$ \_\_\_\_\_

CHECK (Made Payable to Vibe Dance Company) Ck # \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_

**OR VENMO @VibeDanceCo**

Enrollment Information Please indicate your level and preferred day and time. Classes are filled on a first-come, first-serve basis. Please refer to our website regarding the number of classes recommended.

Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____

## REGISTRATION INFORMATION

Students Name \_\_\_\_\_

Date \_\_\_\_\_

Indicate any additional medical conditions, chronic ailments, allergies, or personal issues we should be made aware of:

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WAIVER OF LIABILITY Any activity involving height or motion incurs the possibility of accidental injury. While it is our intention to provide your child with safety and protection, it is not the responsibility of Vibe Dance Company or its staff to be held liable for any injury occurring while under Vibe Dance Company instruction or supervision. As parent or guardian of above student, I hereby agree to hold harmless Vibe Dance Company, and assume full financial responsibilities for any and all treatment required due to injury while training at Vibe Dance Company.

I understand that there will be no credit given for classes unattended or regardless of how many days are in any particular month. I'm aware that my account will be charged for the class even if the dancer does not attend. Tuition is due by the 10th of the month for the entire month or a \$5.00 late fee will apply. Service will be discontinued on any account that reaches 30 days past due. I understand if my account is more than 30 days past due Vibe Dance Company will refer the client to a collection agency/law firm. I understand I, the client will be responsible for all costs incurred including the debt, and all additional costs and also including legal demand costs. I understand there are no refunds on tuition payments made to Vibe Dance Company.

I grant permission to Vibe Dance Company the use of photographs or video of my child to promote dance and/or the dance studios.

All students and parents/legal guardians are aware of possible physical injury that may occur during dance/gymnastics classes, performances and/or rehearsals and are willing to assume those risks. It is agreed that Vibe Dance Academy, its Directors, Teachers and Staff are not responsible for personal injury or property loss.

I understand I am responsible for timely payments of my child's classes and realize he/she will lose their reserved place in class if our account does not remain current.

I understand that Vibe Dance Company supports a website/Facebook and may post student's pictures.

CONSENT FOR MEDICAL TREATMENT In the event we are unable to contact the authorized person(s) listed on the front of this form, I the parent or legal guardian of the above named student, hereby give my consent for emergency medical care as prescribed by a duly licensed doctor or medicine or dentistry. Transportation to the hospital will be at the discretion of the Emergency Technicians on site.

I have read and understand Vibe Dance Company studio policies and will follow them as a member of the studio(s).

**PARENTS SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_