

theUnAbashedschoolofdance

**P.O. Box 1132
Hanover, Pa 17331
443.398.1015**

**Early registration is essential to the organization of classes. Please remit registration forms, \$15 registration fee, and 1st month's tuition promptly.
All registrations received with 1st month's tuition before August 1st can waive the \$15 registration fee.**

Registration Form for 2009-2010 Season

Student Name: _____ Age: _____ D.O.B _____

Parent/Guardian Name: _____

Address: _____

Phone:(H) _____ (C): _____ (W): _____

Email: _____

How did you discover **UnAbashed**? _____

Prior Dance Training: _____

List Classes for Registration (Please call for placement and discussion of tuition):

	Class	Day	Time
1			
2			
3			
4			
5			
6			
Subtotal.....			\$
Less Multiple Class/Family Discount or Scholarship.....			\$
Total Monthly Tuition.....			\$

Terms of Enrollment

- Registration is agreement to pay tuition for classes running Sept. 7, 2009 through June 12, 2010.
- Complete registration includes: \$15 non-refundable registration fee, first month's tuition, and the hence agreement signed.
- Tuition thereafter is due the 1st of every month. No tuition June 1st. Tuition is non-refundable.
- Students will not be allowed to attend class until registration is complete and the current month's tuition is paid. There will be a 10% late fee for payments received after the 8th of the month.
- UB reserves the right to establish and change level placement of student at any time.
- Classes are subject to change based on enrollment.
- Class dates canceled due to inclement weather or necessary absence of instructor will not be adjusted to tuition, however the student may take another scheduled class in its place.
- If for any reason student withdrawals from classes, tuition is non-refundable.
- Tuition does not cover any costume costs or guest teacher master classes.
- Returned checks are subject to \$35 charge.

Enrollment agreement

Liability Release

I, the undersigned, give my consent to participate in programs at *theUnAbashedschoolofdance* (therein collectively called *UnAbashed,Inc.*), and on behalf of my child or on my own behalf I assume all risk associated with such activity. I understand that I am responsible for all payments agreed upon with *UnAbashed,Inc.*. I am fully aware that all registration fees and tuition are non-refundable and that I am registering for the whole outlined season. I hereby release and waive all claims of damage or liability against *UnAbashed,In.*, its officers, directors, employees, faculty, building owners, and agents, including all liability for personal injury, illness or property damage occurring on or off *UnAbashed,Inc.* premises. I also give *UnAbashed,Inc.* permission to use photographs of my child or myself for publicity purposes. Furthermore, I understand that dance instruction involves physical contact to the student by the instructor and hence waive all claims of inappropriate conduct. I understand and agree to the above Terms of Enrollment.

Name of Dancer: _____

Name of Parents/Guardians _____

Signature: _____ **Date** _____
(Parent/Guardian if under 18 years of age)

Medical Release

List any medical conditions, allergies, or notes we should know about student registering:

Family Physician _____ **Phone:** _____

Emergency Contact (other than already listed): _____
Relationship to student: _____ Phone: _____

Emergency Contact #2: _____
Relationship to student: _____ Phone: _____

I certify that the applicant is in good health and may participate in activities at *UnAbashed,Inc.*. In case of an emergency requiring medical treatment, the undersigned hereby authorizes *UnAbashed,Inc.* to take the student to any medical or hospital facility for care and treatment. The undersigned agrees to accept payment responsibility for any subsequent treatment.

Name of Student: _____

Name of Parents/Guardian: _____

Signature: _____ **Date:** _____
(Parent/Guardian if under 18 years of age)