



alius dance school

Enrollment Contract

Dancer's Name _____

Address _____

City _____ State _____ Zip _____

E-mail Address (main form of communications) _____

Home Phone _____ Work Phone _____ Cell Phone _____

How did you hear about us? _____

Registration Fee: The registration fee is \$45 for single student and \$75 for family per year. The registration fee is non-refundable.

Select program for enrollment:

Class Card: Prepaid 10 classes____, expires **3 months** after date of purchase. ***This option is for adults only and is nonrefundable.**

Monthly Tuition: _____ **Number of classes per week:** _____

- **Tuition:** Tuition will be billed automatically on the first day of each month from August through June. Monthly payments are based on an average of four (4) classes per month during the dance year. Some months will be five (5) weeks and some will have three (3) weeks.
- **Payments:** We collect tuition payments through pre-authorized credit card billing or bank debit card. Tuition is due on the 1st of each month. A late fee of \$10 will be assessed on the 5th of the month. You will be responsible for providing new credit card information if there are any changes to avoid any late fees. Customers have the option to pay tuition with a check, cash, cashier's check, money order, or other debit/credit card before or by the 1st of the month if they do not wish to have the provided debit/credit card on file processed. There will be a \$25 service charge for any returned checks and you will no longer be able to make payments via check if you have more than one returned check during the year.
- You are responsible for payment for all classes that you are enrolled in, even if absent, until Alius Dance School receives a **two (2) weeks written notice of withdrawal** prior to the end of the month. Missed lessons cannot be used in place of payment; no adjustment or credit will be given for missed classes.
- Any changes from monthly tuition enrollment either in amount of classes, classes enrolled, or to/from a class card, shall also be made in writing at least 2-weeks prior to the beginning of the month.
- A make-up class can be requested for missed classes. You have 30 days from the missed date to complete a make-up class. We do not prorate tuition or complete refunds due to missed classes. No refunds for classes missed including scheduled holidays.
- **Code of Conduct: Appropriate and respectful behavior must be exhibited in our school particularly during class and rehearsals. This includes no side conversations and no cell phone usage in the classroom. Instructors reserves the right to dismiss the student from class due to misconduct and no refund shall be given.**

I hereby expressly wave and discharge all claims and agree to indemnify, defend and hold harmless Alius Dance School from any injuries incurred during classes, rehearsals, or performances I also understand that the registration, tuition, and other applicable fees must be paid and that I will be held responsible for all fees if I withdraw from participation after registration, until written notice of withdrawal is received, as stated in Alius Dance School policies.

I acknowledge that I have been given a copy of Alius Dance School dance program and policies and have been told where I can obtain any revisions made to these documents. By my signature I acknowledge I read and agree to all Alius Dance School policies and dance program requirements.

I hereby authorize Alius Dance School to charge my credit card account. I understand that a 2-weeks written notice before the beginning of the next month is required to terminate billing and I am responsible for payment whether or not my student attends classes until I notify Alius Dance School in writing to drop my student from class(es).

Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.

I fully understand and agree to the above statements.

Student Signature

Date



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Media and Liability Waiver and Medical Attention Authorization

I acknowledge that due to the nature of dance classes, neither Alius Dance School nor any of its officers, students, faculty, staff or independent contractors will be held accountable for any injury that might occur while in the Alius Dance School facility or any facility used for rehearsals or performances, whether it be caused by accident, or negligence, by any party aforementioned; and I further waive and release Alius Dance School, its officers, faculty, staff and independent contractors from any claims arising from such injuries as well as from any actions taken in seeking medical attention in the manner detailed below. I understand that my child/I will dance at its/mine own risk.

I also hereby authorize, in the event of illness or accident, medical care without delay, which in the judgment of Alius Dance School, its officers, faculty, and staff or independent contractors, is dictated by circumstances and/or recommended by medical personnel. I also grant authorization to any emergency room facility to administer necessary medical care in the event of an accident or illness requiring such care while I/my child is engaged in Alius Dance School activities. I further understand that I am responsible for any and all expenses resulting from the foregoing emergency treatment and/or doctor's care and that the Alius Dance School, its officers, faculty, staff and independent contractors will be indemnified and held harmless by the undersigned for such expenses.

In consideration of mine or my child's participation in Alius Dance School, I hereby authorize the videotaping, photography, and recording of the dancer listed below, and/or release of my/his/her name and achievements for educational, promotional, and other purposes deemed appropriate by officers of Alius Dance School. I also authorize the use of the videotape/photography and other information regarding myself/my child in printed matter or other media for presentations by Alius Dance School without my further consent. I hereby agree that such media information shall be the sole property of the Alius Dance School.

Student's Name: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name: _____ Phone: _____

Medical Insurance: _____

Policy Number: _____

Preferred Hospital: _____

Allergies: _____

List Any Medical Conditions: _____

For Office Use Only:

Payment Type: Check/Cash Credit Card Auto-Pay

Registration Expiration: _____