



25 Scotland Blvd.
(508) 697-5255

www.dancetheaterofnewengland.com Bridgewater, MA 02334

2019-2020 Registration/Automatic Payment Consent Form

Registration Fee: \$35 per student or \$40 per family

Dancer Name: _____ DOB: _____ Entering Grade _____

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Mailing Address: _____

City: _____ Zip: _____

Email address to receive studio communications: _____

How did you hear about us: _____

Parent/Guardian: _____

Home Phone: _____ Cell: _____

Emergency Contact: _____ Relationship to Dancer(s): _____

Phone #: _____ 2nd#: _____

Please list any allergies, medical conditions, or restrictions: _____

Policies and Procedures. Read, Initial and Sign Below

_____ **Waiver of Injury:** I am enrolling my child(ren) in Dance Theater of New England for the 2019-2020 season. I fully understand that participants in dance programs, recitals and dance competitions take certain risks including minimal, serious and catastrophic injuries. I acknowledge and accept such risks and release the staff and faculty of Dance Theater of New England, Reverence Enterprises, LLC, its Directors and Owners from any claims of damages, injuries or loss of property while participating in classes at Dance Theater of New England, their recitals or other studio sponsored events. Also, I have read and understand all rules and regulations and will fully comply with these rules and regulations. I also acknowledge that my child(ren) is in sound health and is able to participate in rigorous physical activities.

_____ **Withdrawal:** I, the undersigned, do understand that if at any point I terminate enrollment at Dance Theater of New England, I need to submit written notice before the next billing cycle. I also understand that I am responsible for tuition up to the last day of enrollment.

_____ **Refund Policy:** I, the undersigned, do understand that any payments for registration, costumes, tuition, competition fees, tuition, conventions, choreography, etc., are non-refundable under any circumstance. If your child decides to leave the program, or is asked to leave the program, you will not be reimbursed for any deposits or payments made.

_____ **Tuition:** *I understand that tuition is a yearly fee paid in 10 monthly installments.* Any missed classes are my responsibility and are non-refundable (this includes, but is not limited to illness, vacation, other extracurricular activities, etc.). I understand that these classes may be made up in a similar class during the week. Classes missed to inclement weather will be made up at the discretion of the Artistic Director. There is a \$20 late fee for all tuition received after the 10th of each month. There is a \$25 returned check fee. Dance privileges will be automatically suspended on all accounts in arrears 20 days. Privileges will be reinstated when the account is brought up-to-date.

_____ **Dress Code:** I understand that students not adhering to the dress code will be asked to sit out.

_____ **Costume Policy:** I understand that no costumes will be ordered until costume balances are paid in full by the deadline. There is a \$10 per costume handling fee for all costumes ordered after December 31st. Costume payments will be automatically deducted from your account on October 15th and November 15th. All Dance Company costumes balances are due by November 1st. We cannot guarantee timely delivery of any costume balance paid beyond the due date.

_____ **Deportment Policy:** I understand that Dance Theater of New England reserves the right to refuse business to anyone. I understand that the studio reserves the right to cancel the enrollment of a dancer for the following reasons: non-payment or excessive late payment of fees, not observing the rules and/or policies of the studio, physical and/or verbal abuse of staff or children, by a parent or child. **Optional:**

_____ **Photos and Videos:** I understand that from time to time pictures and videos are used for promotional purposes in print or on the website. I agree to let my child participate.

By Signing below, I agree to all of the Policies set forth by Dance Theater of New England.

Parent/Guardian: _____ **Date:** _____

Method of Payment:

_____ Visa _____ MasterCard

 Card Number

 Exp. Date

Card Holder Name: _____ Card Holder Signature: _____

I hereby authorize Dance Theater of New England to charge my account the amount of: \$ _____
 on the first day of each month starting _____ and ending _____

Dancer _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Dancer _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Dancer _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____