

# B\*Dazzled Dancers 2023-2024 Registration Page 1

Please fill out one form per child.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Registration:** To register your child, complete both sides of this form and initial each paragraph confirming your agreement. Return it to the studio along with registration payment. Registration is **Non-Refundable** and will hold your dancers place in class as long as tuition is paid throughout the August 2023-May 2024 season. You may email your forms in if you wish to have registration auto deducted.

Registration is \$140 for your 1st dancer & \$80 for each sibling (not cousins, must be siblings) when paid before June 20th. After June 20th registration will be \$150 for your 1st dancer and \$85 for each additional sibling. **Registration fee is Non-Refundable.** Includes recital performance package (a digital copy of the recital show, shirt and trophy for each dancer in family.)\*\* \_\_\_\_\_

Please initial here to have the registration fee pulled from your credit card listed below\*\* \_\_\_\_\_

**Payments:** Tuition will be withdrawn from your checking account or credit card on file the **1st** of each month, with the exception of August pro-rated amount due 8/21. Please see tuition chart for rates. Please note, full tuition is due the month of May regardless of the amount of classes held. Make ups for missed classes are offered at the discretion of the teacher and cannot exceed 3 per dance season.\*\* \_\_\_\_\_

**If you wish to pay tuition by cash or check, tuition is due on or before the 1st of each month. Payments received after the first of the month (with the exception of August, prorated and due 8/21) will be assessed a \$10.00 late fee. A \$20.00 fee will be charged for a returned check. No refunds will be given for any student's absence. Full tuition is due regardless of holidays and closures.** \*\* \_\_\_\_\_

**Cancellation:** If you should decide to cancel your child's class participation, **provide written notice to B\*Dazzled Dancers two weeks prior to the first day of the month.** \*\* \_\_\_\_\_

**Performances: Non-Refundable** costume deposits are due **October 2nd for Holiday Show \$28+ tax** and by **November 6th or within 30 days of enrollment for our big recital** (\$90+tax per ballet/jazz/lyrical/hip hop class). Costume deposits will be automatically withdrawn from all auto deduct accounts. If your account is not on auto deduct, it is your responsibility to bring in payment by the 6th of November. Students can only participate in performances with the correct costume. Late fees will apply to payments not received by the due date. Select B\*Dazzled Stars & Competition Team students may be asked to perform in additional shows and/or competitions requiring additional costumes and/or accessories. Excessive absences, including absences within two weeks of a show, will jeopardize your dancers ability to perform in shows. B\*Dazzled Dancers has the right to refuse any students from participating in shows and events. \*\* \_\_\_\_\_

**Photos:** I give permission for B\*Dazzled Dancers to take photos of me or my child while participating in B\*Dazzled Dancers activities for promotional purposes. Names of students will not be used or disclosed. I understand that for the safety of our dancers and their families, all photos and/or videos of B\*Dazzled Dancers classes, rehearsals and/or performances, including dancers in B\*Dazzled Dancers costumes, will not be published or posted publicly, in printed or electronic format, without the express written permission of B\*Dazzled Dancers and the Director.\*\* \_\_\_\_\_

**Notifications:** All notifications are via email. It is YOUR responsibility to notify the instructor if you are not receiving emails. Please confirm your email address \_\_\_\_\_ . You will receive a receipt/welcome email when you register as well as several emails throughout the season.

**Agreement:** Parent or legal guardian has read all of the above information and agrees upon these terms and conditions.

Signature of parent or Legal Guardian Date \_\_\_\_\_

IF YOU HAVE ALREADY REGISTERED ONLINE AND HAVE A PAYMENT METHOD ON FILE STOP HERE

Name on Checking Account or Credit Card Account \_\_\_\_\_

Account # \_\_\_\_\_ Routing or CVC Code for cards \_\_\_\_\_ Exp \_\_\_\_\_

Class Type	Day	Time

# B\*Dazzled Dancers 2023-2024 Registration page 2

## B\*Dazzled Dancers Release Form

### RELEASE FROM LIABILITY, WAIVER OF CLAIMS & ASSUMPTION OF RISK

By signing this Release, Waiver & Assumption of Risk, (the "Release") I agree that The B\*Dazzled Dancers LLC shall not be responsible for any injury suffered by the student("student"). The Release extends to the B\*Dazzled Dancers Dance Studio, and its owners, instructors and employees (all of which are collectively referred to herein as "studio"). The Release extends to every claim, demand or liability of any kind based on any injury or damage described below.

I understand that dance and tumbling activities as conducted and taught at the studio have inherent risks of injury. These risks include muscle pain and pulls, broken bones, ankle injuries and other personal injury. I recognize that the student is exposing himself/herself to such risks when undertaking dance activities. I understand that these risks cannot be fully eliminated without jeopardizing the essential qualities of the activity. The student and I assume and accept all risks of injury or damages resulting from such dance activities. The student's participation in this activity is purely voluntary, and the student elects to participate, and I join in that election in spite of the risks.

I also agree that the studio, including its owner, instructors and employees, is not responsible for any property loss or damage suffered by the student or any quests or parents of the student that results upon entry into or presence in the studio or its surrounding property. I further understand that I have been advised on the need for the student to be covered by adequate insurance to cover any injury or damage that may be suffered while participating, and I have obtained such insurance or have agreed to bear the costs of any such injury or damage myself.

### Covid Waiver:

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against B\*Dazzled Dancers and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing B\*Dazzled Dancer's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen. CHOICE OF LAW: I understand and agree that the law of the State of California will apply to this contract. I FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE

I understand the terms of this Release and have had the opportunity to consider and discuss it with such individuals and advisors as I deem appropriate. By signing and dating this Release, I confirm that I have read the Release in full, that I understand its terms and that I agree with those terms. I further confirm that by signing this Release, I acknowledge that if the student is hurt during participation in this activity, I may be found by a court of law to have waived my right and any right of the student to maintain a lawsuit against the studio on the basis of any claim which is released hereby. In consideration of the student's being permitted by the studio to participate in the activities provided by the studio, I further agree to hold harmless and indemnify the studio from any and all claims which are brought by or on behalf of any student who is a minor and which are in any way connected with the activities performed at the studio by any such minor student.

Parent Name: \_\_\_\_\_ Parent Signature \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Main Phone Number: ( ) \_\_\_\_\_ Physician's Name & Phone Number: \_\_\_\_\_

Emergency Contact Name & Phone Number, different from main phone number (please print):  
\_\_\_\_\_

E-mail(Print Clearly, this is how all notices are sent!) \_\_\_\_\_

How did you find out about B\*Dazzled? Internet Search \_\_\_\_\_ Drive By \_\_\_\_\_ Other \_\_\_\_\_  
Referred by B\*Dazzled Student (if yes who?) \_\_\_\_\_

Are there any disabilities/medical conditions/allergies we should be aware of? Yes / No  
\_\_\_\_\_