

DDC Registration Form for Fall 2022- Spring 2023

Please Print and Submit with Registration fee

Student Name: _____
Birth Date: _____ School Grade(Sept): _____ Student Email: _____
Street or P.O.: _____ Parent/Guardian: _____
City: _____ Home Phone: _____
Zip Code: _____ Cell: _____ E-mail: _____
Please list allergies/medical conditions/learning/disabilities:

Full Session Sept. – May. (\$30 Registration fee Per Person, 3+ Students \$70)

____ Dance with Me Me (12mo-3) Preschool Dance (ages 3-4) ____ Acro ____ Ballet ____ Hip Hop/Jazz ____ Tap
____ Acrobatics/Tumbling (4 - 18 yrs) ____ Leaps&Turns (6+) no recital ____ Contemporary (6+) ____ Modern (7+)
____ Pre-Pointe (10+. Must take ballet) ____ Pointe (12+ Must take ballet) ____ Adapted Dance – disability _____
____ Ballet (4 & up) ____ Hip Hop (4 & up) ____ Jazz (4 & up) ____ Tap (4 - Adult)
____ Company (specify team) _____ Other (specify) _____
____ Private Lesson [must take class in same discipline] _____
circle: Solo Duo Trio

RELEASE OF ALL CLAIMS

I hereby release and hold harmless Doreen's Dance Center, its owners, employees, instructors, agents, directors and volunteers from any claims, demands, liability, harm or damage which may result to the Enrollee while enrolled as a student of this school, and including all risks connected therewith. I fully understand that I assume all risks in connection with enrolling and participating in the activities of Doreen's Dance Center. I understand that any activity which involves motion, rotation, height or inversion may cause serious accidental injury. I further certify that Enrollee is not suffering from any physical condition or disease which might increase the risk of injury or accident by participating in the activities of Doreen's Dance Center. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance. I hereby certify that I am the legal guardian of the Enrollee (if under 18) and am authorized to sign on his/her behalf. I certify I possess and agree to use the following personal insurance to cover any medical emergency that may arise from participation in classes at Doreen's Dance Center.

Insurance Co. _____ *Policy/Group No.* _____

Signature _____ *Date* _____

PHOTO RELEASE

I agree that photos/videos of me/my children taken at DDC and related events may be published in print and/or electronically for the purpose of publicity, advertising, and web content, with or without our names, for any lawful purposes.

Signature _____ Date _____

Please read enrollment agreement on back and initial here _____

Enrollment Agreement: I agree to pay for all classes reserved by me, whether utilized by Enrollee or not, unless I notify DDC of withdrawal IN ADVANCE & IN WRITING. I understand that tuition is payable on an 8 month basis for full session classes, due by the first lesson in September, October, November, December, January, February, March and April and in advance, in full, for short sessions. I certify that I understand the amount of tuition for which I have agreed to pay. I understand that there are **NO REFUNDS OR TRANSFERS** on registration fees, costume payments, or tuition payments which may have been paid prior to said withdrawal, and that withdrawal in writing only releases me from future tuition payments due.

I understand that a **\$10.00 late fee** will be assessed on each payment received or postmarked after the 10th day of the month in which it is due. There will be no exceptions made to this policy. In addition, any check returned to the school for insufficient funds will be subject to a **\$25.00 service charge**.

I understand that if my account is over **30 days past-due**, I/my child will **not be allowed to participate in class until said account is brought up-to-date**. I also understand that **if my account is not paid in full before the recital performance, I/my child will not be allowed to perform in the show**.

In addition, I agree to read and abide by these and other school policies contained in the student handbook while Enrollee is enrolled. I understand that failure to do so may result in immediate dismissal from the studio.

FOR NEW STUDENT

List Prior Dance/Acro training – years and discipline:

Where did you learn of Doreen’s Dance Center?

- Word of Mouth – Recommended by: _____
- Driving By Studio
- Website
- Facebook/ Instagram
- Newspaper – Please Specify: _____
- Web Search
- Other – Please Specify : _____

Doreen’s Dance Center 711 Middletown Rd, Suite 4
Colchester, CT 06415 860-267-7756
www.DoreensDanceCenter.net