

Brushwood's School of Dance - Winter/Spring 2012 Registration Form

In order to be registered and participate in classes you must complete and return this form along with your payment.

Today's Date: _____ Parent(s)/Guardian(s): _____ Social Security No.: _____

Employer's Name and Address: _____

City/State/Zip: _____ Work Phone: _____

[] New Address? Home Address: _____

City/State/Zip: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Student's Name: _____ Birth Date: _____ Age: _____ Grade: _____

Emergency Medical Information (Please list all allergies, medical conditions, who to call, phone numbers, etc.): _____

Student's First Name	Class Name	Recital?	Day/Time	Payment Information
				A. Total number of classes selected: _____
				B. [] Pay in full (by 1/7/12) \$ _____
				[] Two payments (after 1/7/12) \$ _____
				C. Number of costumes ____ x \$35 = \$ _____
				D. Registration Fee (new 2011 students only) \$ <u>10.00</u>
				Total Payment Enclosed \$ _____
				[] CASH or [] Check # _____

* Returning Fall 2011 students should register by 12/10/11. Please indicate a second choice in case first class choice is filled. Thank You! *

Acknowledgement of Payment Responsibility and Risk/Liability Release

I AGREE THAT I AM RESPONSIBLE FOR THE ENTIRE SEMESTER TUITION PAYMENT REGARDLESS OF THE NUMBER OF CLASSES ATTENDED.

I understand the nature and scope of the dance classes for which I have registered my child/myself, _____, at Brushwood's School of Dance held at the Gordonsville studio, Friendship Gymnastics Center, and Health Nutz Fitness and Aquatic Center. I understand there are risks and dangers associated with this activity. I understand that it is not the function of the dance program, the gymnastics program, Friendship Gymnastics Center, Health Nutz Fitness and Aquatic Center, their employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise the due care in the performance of the activity for the safety of him/herself and the other participants. In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify, and hold harmless Brushwood's School of Dance, Friendship Gymnastics Center, Camp Friendship, Health Nutz Fitness and Aquatic Center, its employees, agents, operators, or instructors from any and all claims, demands, costs, charges, and expenses for harm, injury damage, or loss which may be sustained by me/the participant as a result of or relating to participation in this activity, or transportation, if requested. I also give my consent and approval for the above named student's picture to be printed in any brochure, web site, or news article.

I HAVE READ AND UNDERSTAND THE ABOVE RISK/LIABILITY RELEASE. I consent to the participation of the minor named above in the program offered by Brushwood's School of Dance, Friendship Gymnastics Center, Camp Friendship, and Health Nutz Fitness and Aquatic Center. I also give permission for photos, if taken, to be used in BSD, FGC, and Health Nutz brochures, website, or for news articles. *No Posting Policy: I understand that I cannot post any videos of BSD choreography on internet social networks (YouTube, Facebook, Twitter, My Space, blogs, etc.) without written permission from the choreographer and BSD, and both the choreographer and BSD have the right to deny this request.* **I agree that I am responsible for the entire semester tuition payment regardless of the number of classes attended. Furthermore, I understand that no refunds will be given for any reason once the semester has begun. I understand that if I am on a payment plan and I fail to pay my account by the due date, 30% of my account total will be added to my account for bill collection fees.** If at Friendship Gymnastics Center or Health Nutz Fitness and Aquatic Center, I also understand I am signing this "Risk/Liability Release" form for two separate programs working in conjunction with each other to provide quality programs for the community.

Parent's Signature (Student's Signature if over 18 years of age)

Date

Recital Form

[] No, I am not participating in the recital.

[] Yes, I am participating in the recital on Saturday, May 26, 2012 at the Martin Luther King Jr. Performing Arts Center.

I understand the following responsibilities of the recital: 1) I am responsible for a costume deposit of \$35, for each class I plan to dance with in recital, payable at registration with the remaining costume balance (if any) due no later than January 7, 2012. 2) In addition to the 12 week semester tuition, a payment of \$40 per student is due by March 24, 2012 for studio rehearsals for recital. 3) All April and May studio rehearsals and the dress rehearsal, on Friday, May 25 at the Martin Luther King Jr. Performing Arts Center, are mandatory. 4) In order to participate I am required to purchase a costume for each class in which I choose to dance and all tuition, costumes fees, etc. must be paid in full before I can receive my costumes and tickets for the recital. 5) No refunds will be given for any reason after Monday, January 2, 2012.

Signature: _____