

# BSD Fall 2022 Registration Form

**Returning students** - this form must be returned to Pam **by July 15, 2022 to ensure spot in desired class.**  
**New Student Registration** begins July 16, 2022

This form must be completed and sent/given to Pam for all students attending BSD even if registration is done ONLINE! Mail to: 1114 Old Louisa Road, Gordonsville, VA 22942

Today's Date:	Parents/Guardians:	Cell Phone Provider
Employer's Address:	City, State                      Zip	Work Phone: (    )
Home Address:	City, State                      Zip	Home Phone: (    )
Email Address:		Cell Phone: (    )
Dancer's Name:	Current Age:	Date of Birth:
Grade in School for 2022-23:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Emergency Medical Information (Please list below all allergies, medical conditions, who to call, phone numbers, etc.)		

Dancer's First Name	Class Name	Class Day, Time & Location	Rotation or Virtual only?	Payment Information
				Total # of classes selected: _____
				Three payments:
				1 <sup>st</sup> 8/15/22                      \$ _____
				2 <sup>nd</sup> 9/15/22                      \$ _____
				3 <sup>rd</sup> 10/15/2022                      \$ _____
				Registration Fee <b>\$20 per family</b>
				<b>Total Payment Enclosed \$</b> _____
				[ ] CASH or [ ] Check # _____
				[ ] Will pay online with credit card
				I understand there will be a \$5 late fee charged monthly for late payments.

**Acknowledgement of Payment Responsibility,  
Risk/Liability Release and Consent to Audio/Video Recording  
at Gordonsville Site, Orme Family Fitness and Recital**

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 and *Orme Family Fitness*. I understand there are risks and dangers associated with this activity. I understand that it is not the function of the dance program, the fitness program, *Brushwood's School of Dance*, *Orme Family Fitness*, 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, Orme Family Fitness***, 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. And understand that I am consenting to the participation of the minor named above in the program offered by *Brushwood's School of Dance*, and *Orme Family Fitness*.

I give my consent and approval for the above-named student's picture to be printed in any brochure, web site, or news article. ***I also am aware that there is a video/audio camera system in place at the Gordonsville location, that BSD's annual recital "That's Entertainment" at Fluvanna County High School will be video recorded, and understand that I, my child and anyone with me will be recorded and I give my consent and approval to this.***

**I HAVE READ AND UNDERSTAND THE ABOVE RISK/LIABILITY RELEASE, AND CONSENT AND APPROVAL FOR VIDEO/AUDIO RECORDING OF MYSELF, MY CHILD OR ANYONE WITH ME AT THE GORDONSVILLE STUDIO LOCATION AND RECITAL.**

***No Posting Policy: I understand that I cannot post any videos of BSD choreography on any social networks (YouTube, Facebook, Twitter, Vine, Instagram, blogs, etc.) without written permission from the choreographer and BSD, and both the choreographer & 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 may be added to my account for bill collection fees. I also understand that if my balance is not paid within 10 days after receiving a 10-day notice my child /I will not be allowed back to his/her/my class. I understand that if my participant misbehaves, or disrupts class in any way he/she will be asked to sit down to wait for their parent(s). And I understand I may be contacted regarding behavior issues, and if misbehavior continues the participant(s) will be dismissed from classes **with no refund for remaining classes.****

If at *Orme Family Fitness* 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_