

BSD Winter/Spring 2019 Registration Form

Returning students - this form must be returned to Pam **by December 14, 2018, to ensure your place in class choices!**

This form must be completed and send/give to Pam for all students attending BSD even if registration is done ONLINE!

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 2017-18:	_____	_____
_____	_____	_____
_____	_____	_____
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	Recital? Yes or No	Payment Information
				Total # of classes selected: _____
				[] Pay in full (by 1/3/19) _____
				[] Two payments _____
				[] Three payments _____
				Costume [] Total or [] Payment (\$35) _____
				All Costume fees due no later than 1/12/2019
				Registration Fee (<i>new students only</i>) _____
				Total Payment Enclosed \$ _____
				[] CASH or [] Check # _____

2019 Recital Form

[] **No**, my child is not/I am not participating in the recital. I understand that I am paying tuition for 12 weeks and that once recital rehearsals begin on Monday, April 8, 2019, I no longer need to be at class.

[] **Yes**, my child is/I am participating in the recital and I understand the following responsibilities of the recital:

1. I am responsible for purchasing a costume for each class I plan to dance with in recital, payable in full no later than 1/12/2019. A \$35 deposit is required by December 15, 2018 for returning students. Full amount will be charged to your account between 1/1/19 and 1/6/19.
2. In addition to the 12 week semester tuition, a rehearsal fee of \$50 for each student (for recital rehearsals following the 12 week semester) is due by March 31, 2019. I understand that the \$50 covers up to 3 recital classes for one student and that each additional class past 3 will be \$20 per class per student. (Please see chart in brochure for more details.)
3. All recital studio rehearsals and the dress rehearsal and both recitals (if in BSD Performance Company) 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, rehearsal 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 January 3, 2019.

Parent's signature (student's signature if over 18 years of age)

* You must read & sign the back for your form to be complete *

Acknowledgement of Payment Responsibility, Risk/Liability Release and Consent to Audio/Video Recording at Gordonsville Site, Palmyra Site 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 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, *Brushwood's School of Dance*, *Orme Family Fitness 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*, *Orme Family Fitness 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. And understand that I am consenting to the participation of the minor named above in the program offered by *Brushwood's School of Dance*, *Orme Family Fitness Center*.

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, a late fee will be added per month and 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 either sit down or go to the lobby 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 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