



2014-2015 Student Registration Form

Student Name: _____
Address: _____
Parent Contact: _____
E-Mail Contact: (Mandatory) _____
Emergency Contact: _____
Student's School: _____

Date of Birth: _____
City/Zip: _____
Home Phone: _____
Cell Phone: _____
Emerg Phone: _____
Shirt Size: _____

MEDICAL HISTORY

DOCTOR: _____ **CITY:** _____ **PHONE:** _____

Has your child ever been advised by a medical doctor not to participate in any athletic activity?
If yes, please explain: _____

ALLERGIES: Foods, Medicines, Insects, Plants, etc...: _____

MEDICATIONS: If so, please list them here: _____

Does your child have any of the following? ADD/ADHD, Asthma, Anemia, Diabetes, Heat Exhaustion, Hemophilia, Heart Trouble, IBS, or Nausea/Vomiting. If so, please identify and explain: _____

Has your child had any major illness or surgery in the last three years? If so, please explain: _____

I AGREE THAT MY CHILD IS COVERED EXCLUSIVELY BY INSURANCE AND I AM FULLY RESPONSIBLE FOR ALL OF MY CHILD'S PAYMENTS:

I HAVE READ SAVAGE DANCE COMPANY'S POLICIES AND PROCEDURES IN THEIR ENTIRETY, UNDERSTAND THEM, AND AGREE TO COMPLY WITH THE CONTENTS. I UNDERSTAND THAT, UPON SDCS ACCEPTANCE OF THE REGISTRATION, DANCERS ARE ENROLLED AND FINANCIALLY RESPONSIBLE FOR TUITION UNDER THE PLAN SELECTED. I FURTHER UNDERSTAND THE DANCE YEAR COMMENCES SEPTEMBER 2014 AND CONTINUES INTO JUNE 2015 (A 9.5 MONTH PERIOD for non competitors).

I, the undersigned, hereby acknowledge, accept and represent that participation in the activities for which the participant is registered to attend includes strenuous physical activity and involves foreseeable risks of serious injury (including paralysis and even death) with or without the negligence of others. Participant, on his or her behalf, and the parent/guardians, on behalf of Minor Participant as well as on their own behalf, unequivocally agree to incur and assume such risks as a condition to participation in the activities for which Participant is registered.

In order for Savage Dance Company to register participant, the Participant (and the Minor Participant's parents/guardians on behalf of Minor Participant and on their own behalf) hereby waive all claims (past, present or future), release and discharge, covenant not to sue, and agree to indemnify and hold harmless Savage Dance Company (as well as its officers, employees, independent contractors, affiliates and agents) from any and all liability, loss, cost, expense, claims, demands, actions, judgments and executions which the undersigned ever had, now has, or which the undersigned may have in the future, for personal injuries, known or unknown, and damage to property (real or personal) in any way caused by, related to, or arising out of, directly or indirectly, the activity for which the Participant is registered or in which Participant is permitted to engage. In the event of the illness or injury, I authorize Savage Dance Company to obtain necessary medical treatment for the Participant and hereby, in my own behalf and behalf of the Participant, release and hold harmless all Releasees. The undersigned represents and agrees that this waiver and release is binding not only on the undersigned, but also upon all their respective heirs, representatives, administrators, executors, and assigns. This release covers every possible injury or accident, whether related to the permitted activity, the equipment, the condition of the premises, or otherwise, and regardless of whether due in whole or in part to the negligence of a Releasee or other Participant.

In addition, if anyone (whether a Participant, Minor Participant's parent/guardian, or anyone else on behalf of a Participant or parent/guardian) makes a claim against any of the Releasees despite this release, then the undersigned agree to indemnify and hold harmless, each of the Releasees from any litigation expenses, attorney fees, loss, liability, damages or cost any release may incur as the result of such a claim. Furthermore, the undersigned represent that the Participant is healthy and has no physical or mental condition that would impair Participant's ability to safely participate in the contemplated activity.

I understand that Savage Dance Company, from time to time, produces promotional and other materials relating to its programs. I understand that the Participant may be included in videotapes, DVDs and/or photographs taken during the year. Therefore, without reservation or limitations, I, in my own behalf and on behalf of my Minor Participant, hereby assign, transfer and grant to Savage Dance Company, its successors, assignees and licensees, the exclusive right to photograph and/or videotape the Minor Participant and to utilize such videotapes and photographs and Participant's name, face, likeness, voice and appearance as part of the event, in advertising and promoting the Event or advertising and promoting future events, and for sale for any and all purposes, for perpetuity. The intent of this document is to relieve the Releasees to the fullest extent permitted by law of any responsibility or liability for injury or damage arising out of the contemplated activity. As a consequence, if any term or condition in this document is determined by any court of competent jurisdiction to be overbroad or otherwise unenforceable for any reason, then the undersigned stipulate and agree not only that remainder should be enforced, but also that the otherwise unenforceable term should be reformed and enforced to fullest extent permitted by law.

I, in my own behalf and on behalf of the Participant, hereby warrant that I have read this form in its entirety and fully understand its contents and are voluntarily signing same. I, in my own behalf and on behalf of the Participant, am aware that this Release and Waiver releases Releasees from liability and acknowledges my voluntary and knowing assumption of the risk of injury or illness.

Parent/Guardian (signature): _____

Date: _____

CLASSES TO BE ENROLLED

Day _____	Time: _____	Class: _____	Instr: _____
_____	Time: _____	Class: _____	Instr: _____
_____	Time: _____	Class: _____	Instr: _____
_____	Time: _____	Class: _____	Instr: _____
_____	Time: _____	Class: _____	Instr: _____
_____	Time: _____	Class: _____	Instr: _____
_____	Time: _____	Class: _____	Instr: _____
_____	Time: _____	Class: _____	Instr: _____
_____	Time: _____	Class: _____	Instr: _____
_____	Time: _____	Class: _____	Instr: _____

Hours of Individual Instruction/week/ Up to...	PAY PLAN #1 (Monthly)	PAY PLAN #2 (3-PAY)
.50	\$40	\$120
.75	\$55	\$165
1.0	\$63	\$189
1.25	\$80	\$240
1.5	\$90	\$270
2.0	\$120	\$360
2.5	\$150	\$450
3.0	\$160	\$480
3.5	\$190	\$570
4.0	\$210	\$630
4.5	\$230	\$690
5.0	\$250	\$750
5.5	\$270	\$810
6.0	\$290	\$870
6.5	\$310	\$930
7.0	\$325	\$975
7.5	\$340	\$1020
8.0	\$355	\$1065

Special Tuition Rates and Notes:

***SDC 2014-15 SPECIAL –
3 hrs per week instruction: \$160.00**

- Private Class:** Please inquire. All instructors and genres available.
- Semi-Private:** Please inquire. All instructors and genres available.
- Family Discounts:** Families with two or more students enrolled may choose one of the following options for **total family hours** per week:
 - 1) \$210: 4 hrs of instruct/week;
 - 2) \$250: 5 hrs of instruct/week;
 - 3) \$290: 6 hrs of instruct/week;
 - 4) \$320: 7 hrs of instruct/week;
 - 5) \$340: 8 hrs of instruct/week;
 - 6) \$360: 9 hrs of instruct/week;
 - 7) \$375: 10 hrs of instruct/week.

Family Registration Fee Discount: Max cap of \$80.
Unlimited Classes/Individual: \$450/month
Unlimited Classes/Family: \$700/month
Single Class Rate: \$20/hr.; \$15/30 min.
******YOUR REGISTRATION FEE INCLUDES YOUR PRODUCTION TEE and CAR MAGNET!**

PAY PLAN #1: MONTHLY

- 1) Payment must be either 1)ACH/Automated Monthly Debit System or 2) **Credit Card** (Visa or Mastercard). **No checks accepted for monthly payments.**
- 2) Must pay first and last full month MAY 2015 tuition upon registration (June 2015 is 50% for all non-competitors; June 2015 is full tuition for competitors). This tuition payment is *non-refundable and non-transferable*. Automatic w/d will begin on October 5, 2014.
3. If **ACH**, please attach a voided check to this form. If **CREDIT**, please attach the Credit form.
4. Once submitted and registered in system, tuition payment is *non-refundable and non-transferable*. Sorry, no exceptions. Payments will continue to be taken on a monthly basis until a Notice of W/D form has been timely submitted. Paid tuition is non-refundable when withdraw is received during mid-month.
5. If payment is rejected, a \$35 fee will be applied to your account.

Monthly Tuition Rate _____ **+ \$50.00 Registration Fee =** _____
Signature for ACH/Credit Approval: _____

PAY PLAN #2: TRI-PAY

- 1) Payment for September, October and November 2014 due at registration. This *tuition payment is non-refundable and non-transferable*.
- 2) Additional payment due dates are December 1, 2014 and March 1, 2015. Payments received after this date will automatically be assessed a 10% late fee. One final payment will be necessary in the month of June for 1/2 the monthly tuition. (Full month tuition for competitors)
- 3) Once submitted and registered in system, tuition payment is *non-refundable and non-transferable*. Sorry, no exceptions.
- 4) If payment is rejected, a \$35 fee will be applied to your account.

Tri-Pay Tuition Rate _____ **+ \$50.00 Registration Fee =** _____

PAY PLAN #3: YEAR IN FULL (5% Discount off 9.5 month total)

- 1) Once submitted and registered in system, your full year, discounted tuition payment for the year September 2014-June 2015 is *non-refundable and non-transferable*. No exceptions.
- 2) If payment is rejected, a \$35 fee will be applied to your account.

YIF Tuition (9.5 x monthly total) _____ **- 5% discount** _____ **+ \$50.00 Reg Fee =** _____

For Office Use Only:

Method of Payment: ACH Credit Check Visa/MC Code _____
 Total Received: _____ Check #: _____
 Date Received: _____ Date Reg. In System _____ SDC Staff: _____
 Additional Notes:
