Sibling discou 2nd child 25% of 3rd child 50% off	f 🔺	dance academy REGISTRATION FEE: \$30- individual / \$50- famil	annual recital in May!			
Toddler Da	nce-Monday (ag	ges 2-3):\$40	Name of Dancer(s):			
		day (age 4):\$60 rday (ages 4-5):\$60	(s):			
LEVEL 1 (age 6)	Kindergarten Hip Hop & Acro Combo-Tuesday (age 5):\$50				
Class #1:	\$40	Kindergarten Ballet & Tap Combo-Thursday (age 5):\$60				
Class #2:	\$70	*Take both comb	oos! (age 5):\$100			
Class #3:	\$100	LEVEL 3 (ages 9-10)	LEVEL 5 (13-14)			
Class #4:	\$120	LEVEL 4 (ages 11-12)	LEVEL 6 (15+)			
Class #5:	\$140		Class #1: \$50			
Class #6:	\$150	Class #1: \$90	Class #2: \$90			
LEVEL 2 (ages 7-8)		Class #3: \$120	Class #3: \$120			
Class #1:		Class #4: \$150	Class #4: \$150			
Class #2:		Class #5: \$170	Class #5: \$170			
Class #2:		Class #6: \$190	Class #6: \$190			
Class #3:		Class #7: \$210	Class #7: \$210			
Class #4		Class #8: \$230	Class #8: \$230			
Class #6:	\$190	*Ballet required for Lyrical. Jazz required for Mu	isical Theater			

**Minimum class size is 6 students. We reserve the right to cancel classes that do not meet the minimum requirement. Levels are based on skill, age & maturity. New students will be placed by age until evaluated for correct level.

REGISTRATION INFORMATION

STUDENT NAME:	AGE:	BIRTHDATE:
PARENT NAME:	PHONE NUMBER	<:
EMAIL ADDRESS:		(Please write legibly)

CONTRACT 2024-2025

By signing below, I am financially responsible for payment of this account and agree to make all payments on a timely basis. The registration, insurance, performance fees as well as costume deposits as stated in the studio brochure and website are non-refundable with terms.

Please initial:

I am responsible for payment of this account and agree to make Tuition on time. I am aware that the payment is due by the 10 th of each
month for tuition. I am also aware that if payment is not made by the end of each month a \$15 late fee will be added to my balance that is
due.

If payment becomes delinquent and is not paid within 30 days our child will be asked to sit out of class until balance is paid and account is current.

Registration and tuition fees are non-refundable.

_____ Costume fees are refundable providing we are notified in writing that your child has quit his/her class and it is done before November 30th. As of December 1^{st,} there will be no refunds no matter what the circumstances are.

_____ There is a \$25 service fee if your check is returned for insufficient funds.

WAIVER AND RELEASE FROM LIABILITY

In consideration of being allowed to participate in any lessons, rehearsals, recitals, or any other events sponsored by Infinity DA, LLC and its successors and assigns, 183 East Main Street, Fredonia, New York 14063 and any related events or activities and intending to be legally bound, the undersigned:

Infinity DA, LLC, its instructors, and MEC Properties, Inc. will not accept responsibility for injuries sustained by any student during instruction of any program offered by Infinity Dance Academy. I recognize that potential injuries can occur in sports or activities involving motion or height. With the above in mind and being fully aware of the risks and possibility of injury involved, I consent to my child/children and myself to participate in the programs offered by Infinity Dance Academy. In consideration for allowing my child/children and myself to use these facilities, and while under all instruction, supervision, or control of Infinity Dance Academy. I, my executors, and other representatives, waive and release all rights and claims for damages that my child/children or I may have against Infinity DA, LLC and its representative whether paid or volunteer. I hereby agree to individually provide for all present and possible future expenses which may be incurred by my child or myself as a result of any injury sustained while participating at Infinity Dance Academy.

Authorization for use of photos in advertising purposes only:

Enrolling your child in Infinity Dance Academy, you are also giving permission to use your child's photo, strictly and only for promotional purposes.

By signing this, I acknowledge all the above information and completely understand and give permission for all the above.

·		-	# of Tights: _ + IDC Costume: = TOTAL Fee:
	*	FOR OFFICE USE ONI	LY*
	Signature:		
Exp date:		CV code:	Zip Code
Name on card:		Card #:	
Please check here if	you would like you	r monthly fees automa	atically deducted by the 10 th of every mont
		CREDIT CARD INF	<u>:0:</u>
Signature:	R	elationship to participa	ant: Date: