



Name of Student _____ DOB _____ Age _____ Grade _____

ADDRESS _____ CITY _____ Zip _____

Mother's Name _____ Cell# _____ Father's Name _____

Cell # _____ current email address _____

Emergency Contact Person (Name/#) _____

How did you hear of DMDA? _____

Does the student have any health conditions/allergies? _____

YES or NO I would like to be signed up for AUTOPAY for my monthly tuition. I understand there will be a %3 fee associated with all debit/credit card charges.

Subject _____ Day&Time _____ Class Trial Date _____

I understand that tuition is due by the 1st class of the month, and if I have not paid tuition by the 9th of the month my account will be charged a \$30 late fee. Autopay is available and highly recommended. I must contact the studio if I have decided to no longer continue with classes, otherwise my account will continue to be charged. If my account is over a month delinquent, my child cannot participate in class until the account is caught up.

I must let DMDA know if my email address has changed. A good portion of studio information is sent through email (important studio dates, late fee reminders, meetings etc.). Parents are responsible for regularly checking and knowing the information sent out.

X _____ date _____

I, individually and also as parent and guardian of _____, age _____ ("child"), for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, hereby release and forever discharge, for myself and my heirs, executors, administrators, personal representatives and assigns, Dynamic Motion Dance Academy, Tiffany Fox, of and from any and all claims, demands, damages, actions or causes of action which may arise on account of any and all injuries to my child, now existing or which may hereafter arise, as a result of any and all of his/her activities as a dance student of Dynamic Motion, wherever occurring.

In witness whereof, this release is executed this _____ day of _____, _____.

X _____