

**Broome County Dance Center, LLC
REGISTRATION**

Each student will be required to turn in their signed registration packet, medical release form (if a new student) and registration fee prior to beginning their first class of the season.

Registration Fee: \$ _____ Method of Payment: _____

Today's Date: _____

PLEASE PRINT CLEARLY

Student Name: _____

Address: _____

City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

Birthday: ____ - ____ - ____ Age: _____

Previous Experience (# of Completed Years): _____

Email: _____

How Did You Hear About Us? (Circle one):
Newspaper Web Phonebook Referral Walk-In Facebook Other: _____

EMERGENCY CONTACT: _____
NAME OF EMERGENCY CONTACT & RELATIONSHIP

EMERGENCY CONTACT'S PHONE: _____

Student Medical Limitations/Allergies, if applicable: _____

If dancer is under 18 years of age-

Parent/Guardian Name(s): _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

ADDITIONAL DISCOUNT OPTIONS:

***EARLY BIRD:** Pay your September Tuition by September 1 (in addition to the Registration Fee), and receive a 5% discount on your September Tuition.

***ANNUAL TUITION DISCOUNT:** Pay your yearly tuition in full by September 1 (in addition to the Registration Fee), and receive a 10% discount.

***MONTHLY UNLIMITED PLANS:** These packages are age / level based. Take as many age / ability appropriate *group classes as you wish for a flat rate of:

-\$150/month (Dancers age 7-11)

-\$170/month (Dancers age 12 & up)

*Monthly Unlimited Option does not include Fitness Classes (ask a studio director if this is the best option for you / your dancer).

***Special Savings -** Monthly Unlimited plans may include one private lesson or semi-private lesson. All additional private lessons will receive a 50% Discount (If there is availability in the weekly schedule).

Note: In the event of a private / semi-private lesson absence / cancellation, there is no account "credit" given. Monthly Unlimited options are a Flat 10-Month Tuition Rate.

PLEASE CIRCLE YOUR PAYMENT PLAN:

MONTHLY MONTHLY-UNLIMITED ANNUAL 6-WK WORKOUTS ONLY

I, _____, am responsible for paying the
(Name of person paying tuition and costume fees)

Monthly Tuition stated below as well as charges for all Costumes ordered for the following dance season: _____ - _____.

I understand that tuition is DUE by the FIRST WEEK OF EVERY MONTH.
Failure to pay may result in suspension of classes.

Tuition amount due is \$ _____ /month. PLEASE NOTE: BILLS ARE NOT SENT HOME.

Number of Costumes to be ordered: _____.

I understand if I, or my child, should discontinue attending classes at BCDC, I must inform the studio immediately. All Tuition and Costume Charges acquired must be paid-in-full.

Broome County Dance Center - Medical Release Form

I understand that in the natural course of dance related classes, rehearsals, gatherings, performances where there is physical movement involved, or spending time of any sort within our facility, there is a risk of physical injury possible.

I understand and assume all risk, and in no way hold *Broome County Dance Center* responsible for any injury to myself, family members, guests or the following individuals:

NAME OF STUDENT(S): _____

PARENT/GUARDIAN SIGNATURE: _____

BEST CONTACT PHONE #: _____

DATE: _____