

Siblings (Dancers at FLDC)



Frances Lea Dance Center

200 E. Main St Suite A
Crowley, TX 76036
817-263-7888

STUDENT REGISTRATION FORM

OFFICE USE ONLY

June 15th Payment Amt. _____

July 15th Payment Amt. _____

☐ U. Ledger ☐ Payments Scheduled

☐ Roll Sheet ☐ Attendance

Registration Year: Summer 2025

___ Returning Student ___ New student

Today's Date: _____

Dancer's Birthday: _____

Dancer's Name: _____

Parent Name: _____ Parent Name: _____

Address: _____ City: _____ Zip Code: _____

Mom's Cell Number: _____ Dad's Cell Number: _____

Email: _____

Current Grade: _____ Current School: _____

Emergency Contact Name & Number: _____

Registration Fee: \$25 New Students Only

Camp Fee Charges: _____

Additional Charges: _____

Total Charged: _____

Transaction #: _____

Day	Class or Camp	Time	Teacher

Parent's Signature: _____ Date: _____

How did you hear _____ Friend _____ Website _____ Passed by Studio _____ Facebook _____ Instagram _____ TikTok
about us? Please check _____ Flyer - From where? _____ Portable Sign/Banner - From where? _____



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MINOR STUDENT WAIVER OF LIABILITY STATEMENT

I, _____, agree to indemnify and hold harmless the Frances Lea Dance Center, its staff, agents, representatives, employees, owners, and/or any other person or place that holds classes, rehearsals, or performances related to activities for these entities in conjunction with the Frances Lea Dance Center in Crowley, Texas, for any damages incurred from any injury of any kind resulting from my child's participation in dance classes, programs, and activities. I understand that in case of illness, injury, accident, or any other damage to my child's person or property while participating in these programs which may require attention by a physician and/or hospitalization, I will bear the expense personally or by insurance that I have provided for myself. Any other cost or damages resulting from my child's participation in these programs, such as the cost of transportation by an emergency vehicle or damages to third persons, is also to be paid by me or by my own insurance.

Printed Name of parent or guardian

Signature of parent or guardian

Date Signed

Agreement of Classroom Protocol

I understand that the accepted practice and methodology of dance training entails "hand on" and other forms of physical contact with instructions and other students, and that is necessary for a student to learn at an appropriate pace. I understand that if there is currently, or ever would be, any reason why my child should not be touched, or should only be touched in a specific way, that it is my responsibility to inform **EACH** instructor of what is acceptable, and to discuss any related physical or mental issues with them.

Signature of parent or guardian

Date Signed

Statement of Physical Condition and Personal Responsibility

I hereby agree that my child is in good physical condition, and receives appropriate medical treatment and annual checkups, and has clearance from a doctor to participate in an exercise program. I understand that it is my responsibility to receive clearance from a medical doctor for any physical conditions that may be of concern, may hinder classroom performance, or may place my child in an unnecessary danger. I understand that it is always my responsibility to communicate with the instructor as to injuries or illnesses which may impact classroom participation.

Signature of parent or guardian

Date Signed



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PHOTOGRAPHIC RELEASE

I, being of legal age, hereby give Frances Lea Dance Center, their owners, licensees, successors, legal representatives, and assigns the absolute and irrevocable right and permission to use my child's name and to use, reproduce, edit, exhibit, project, display, copyright, publish and/or resell photography images and/or moving pictures, and/or videotaped images of me with or without my voice ("the Footage"), or in which I or my child may be included in whole or in part, photographed, taped, videotaped, and/or recorded, and to circulate the same in all forms and media for art, advertising, trade, competition of every description and/or any other lawful purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith.

I hereby grant to Frances Lea Dance Center and their respective parents, affiliates, subsidiaries, licensees and assigns (a) the right to (but not the obligation) to film, photograph and otherwise visually and audio visually record my child and to record my child's voice, conversations, sounds and performances, and any pre-existing materials furnished by me in and in connection with the Footage; (b) all rights of every kind and character whatsoever (including without limitation copyrights) in and to the results and proceeds of my child's appearance in the Footage, without limitation, all film, photographs and video and audio recordings produced by Frances Lea Dance Center in connection therewith (collectively "Recordings"), any and all classroom and workshop participation, performances, stories, statements or actions made by me, whether written, spoken, sung, or otherwise uttered or expressed by, or information given by my child, captured on any such capital for Recordings (collectively, the "Results and Proceeds").

I hereby release, discharge, and agree to save Frances Lea Dance Center, their licensees, successors, legal representatives and assigns from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise that may occur or be produced in the making, processing, duplication, projecting, or displaying of said picture or images, and from liability for violation of any personal or proprietary right that I may have in connection with said pictures or images and with the use thereof.

Frances Lea Dance Center shall be the exclusive owner(s) of the Video Footage and the Results and Proceeds giving them the right to, without limitation, in perpetuity throughout the universe, in any and all languages, in any and all media now known or hereafter invented: (a) exhibit, broadcast, use, reproduce, and license to others to use as they see fit all or any part of the Video Footage and/or the Results and Proceeds; (b) edit, dub, subtract from, add to or modify the Results and Proceeds in any matter, combine it with other material, and/or incorporate it into other films, projects or programs; and (c) use and license others to use my and my child's name, voice, likeness, image, photograph, performance, participation, expressions, personal experiences and biographical material (collectively "Name and Likeness", in and in connection with the production, distribution, advertising, publicity, promotion, exhibition and other exploitation of the Footage, the Results and Proceeds and/or any portion thereof, and in connection with Frances Lea Dance Center products and services, an unlimited number of times, without any obligation of any kind to me whatsoever.

I hereby waive any right that I may have to inspect and/or approve the finished product or products or any editorial, advertising, or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, products, copy and/or soundtrack may be applied.

Signature

Date Signed



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Late Pick Up Policy

Frances Lea Dance Center cannot be responsible for the care of students before or after class. Please arrive promptly at the end of your child's class. After a 5-minute grace period, a \$1 per minute late fee will be charged to the credit card on file the following business day.

Allergy Information (not seasonal)

Please list any allergies: _____

Does your child require an EpiPen? _____

Does your child require immediate medication (ex. Benadryl)? _____

Please list any allergy medication: _____

By signing below, I acknowledge and agree to the above stated Late Pick Up Policy and Allergy Information.

Student's Name: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____



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Summer Auto Draft Credit Card Payment Authorization

You authorize scheduled charges to your credit card. You will be charged the amount indicated below. The charge will appear on your credit card statement. You agree that no prior- notification will be provided unless the date of amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. You further authorized charges to your credit card if any fees associated with dancing at FLDC are more than 30 days past due. The charge will appear on your credit card statement. You agree that no prior- notification will be provided.

I, _____, authorize Frances Lea Dance Center to charge my credit card indicated below for \$ _____ on the **June 15, 2025 and July 15, 2025** for _____'s tuition
(Amount) (Day) (Student's Name)

Billing Information

Billing Address: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Email: _____

Card Details

_____ Visa _____ Mastercard _____ Discover _____ American Express

Cardholder name: _____

Account/Credit Card Number : _____

Expiration Date: _____ / _____ CVV: _____ Zip Code: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Frances Lea Dance Center by email to fldcbilling@gmail.com of any changes in my account information or termination of this authorization at least **30 days prior to the next billing date**. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the previous U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transitions; so long as the transaction corresponds to the terms indicated in this authorization form.

Signature _____ Date: _____
(Cardholder signature)