



Frances Lea Dance Center
 200 E. Main St. Suite A
 Crowley, Texas 76036
 817-263-7888

OFFICE USE ONLY

Monthly Tuition _____
 ART Start Date _____
 Customer # _____
 ___ Ledger ___ Indv. ___ Attendance

STUDENT REGISTRATION FORM

Registration Year _____

Registration Fee **\$45.00** _____

Returning Student

1st Month Tuition _____

New Student

Additional Charges _____

Total Charged _____

Authorization Number _____

Today's Date _____

Student's Birthday _____

Student's Name _____

Parent's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

(Required) E-Mail _____

Current Grade _____ Current School _____

Day	Class	Time	Teacher	Room	Min/Class
Total Hours					

Student's Signature: _____ Date _____

Parent's Signature: _____ Date _____

How did you hear about us? Please check.

Newspaper Ad Free Class Token Flyer – Form Where? _____
 Friend Website Passed Studio Portable Sign- Where? _____
 Social Media _____ Which One _____

Thank you for registering with Frances Lea Dance Center



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

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 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

Signature of Parent

Date Signed

Agreement of Classroom Protocol

I understand that the accepted practice and methodology of dance training entails "hands on" and other forms of physical contact with instructors and other students, and that this 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 as to what is acceptable, and to discuss any related physical or mental issues with them.

Signature of Parent

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 check-ups, 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 unnecessary physical danger. I understand that it is always my responsibility to communicate with the instructor as to injuries or illnesses which may impact classroom participation, and that ultimately I can choose not to allow my child to participate in any portion of a class if necessary.

Signature of Parent

Date Signed

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 (but not the obligation) to film, photograph and otherwise visually and audiovisually 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 including, 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 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 conjunction 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 manner, 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 the 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

Frances Lea Dance Center
Participation Agreement

The staff of Frances Lea Dance Center would like to welcome you to our studio. Below is a list of fees along with a few studio policies that one should expect during the dance year. Our dance year is Sept.–May.

We offer monthly payments for your convenience.

Please read carefully and sign below. As always if you have any questions feel free to ask anyone at the front desk.

RECITAL FEE:

I, _____, agree to have my child, _____, participate in the Frances Lea Dance Center annual recital which will require a fee of **\$150.00**. *I understand this is will be invoiced and paid in full by December 1st. If not paid by the due date a \$25 late fee will be added.*

Initial

RECITAL FEES ARE NONREFUNDABLE.

COSTUME FEES:

I understand that one or more costumes are needed for the annual recital. The costume fee is separate from the recital fee. *I understand that all costume fees will be invoiced and must be paid in full before November 17th*

Initial

**There will be a \$10 Late Payment Fee for Each Costume paid after November 17th.*

COSTUME FEES ARE NONREFUNDABLE.

ATTENDANCE:

Dance routines require practice. It is mandatory to have regular attendance for recital or performances. Parents must understand that if a dancer is absent due to sports in the spring, a spot in the recital routine will not be reserved for that student.

Initial

Proper dance attire is required to participate in dance class.

CHRISTMAS SHOW

I understand that this studio will have a Benefit Christmas show and that this is an optional event. I further understand that if my child chooses to participate in the Christmas show that tickets will be sold for this event. I also understand that **not** every class will be able to perform since there is limited time for the show.

Initial

TUITION AND REGISTRATION POLICY:

There will be a **\$45.00** registration per family.

TUITION AND REGISTRATION FEES ARE NONREFUNDABLE

Initial

Monthly tuition is deducted the 1st of each month.

A \$25.00 reprocessing fee will be ej cti gf for any declined tuition

A dancer may not participate in class if their account is more than 30 days past due.

I understand that tuition is divided into equal monthly payments for my convenience, and will remain **constant** every month. Tuition will not be prorated due to holidays, illness, vacations, bad weather days, or Covid closure.

HOLIDAY POLICIES:

The studio will be closed for the following holidays: Labor Day, Halloween, Thanksgiving, Christmas, New Years, Easter, Spring Break (as determined by the CISD), Memorial Day, and Independence Day, MLK Jr. Day.

Initial

If in doubt always call the studio at 817-263-7888.

MAKE-UP CLASSES:

If a dancer misses a class, he/she may take a make-up class on a day that offers the same type and level of dance. Please make sure the make-up class is taken within a week of the missed class. As always please ask your instructor which

Initial

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I UNDERSTAND THAT REGISTRATION, COSTUME, TUITION AND RECITAL FEES ARE SEPARATE

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND AGREE TO HONOR THE POLICIES OF THE FRANCES LEA DANCE CENTER.

STUDENT'S NAME

DATE

PARENT/GUARDIAN

DATE



200 E. Main St. Ste A Crowley, Texas 76036 817-263-7888

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Frances Lea Dance Center has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Frances Lea Dance Center cannot guarantee that me/my child will not become infected with the Coronavirus/Covid-19 and hold Frances Lea Dance Center free of any and all responsibilities.

I voluntarily seek services provided by Frances Lea Dance Center and acknowledge that I am increasing mine/my child's risk to exposure to the Coronavirus/COVID-19. I acknowledge that I and my child must comply with all set procedures to reduce the spread while attending my appointment.

Parent Signature: _____

Date: _____

Print Name: _____

Child's Name: _____

Date: _____



Recurring and Auto Draft Credit Card Payment Authorization

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. The charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. You further authorize 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
(Cardholder's Name)

Credit Card indicated below for \$ _____ on the 1st of each month.
(Amount) (day)

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Card Details

Visa MasterCard Discover American Express

Cardholder Name: _____

Account/CC 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 in writing of any changes in my account information or termination of this authorization at least 15 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 provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Cardholder's Signature)

DATE _____