

**Student Info:**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_ Sex\_\_\_\_\_\_ Grade\_\_\_\_\_\_

Student Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Info:**

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Best Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_

Billing Address *(if different*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_

**Emergency Contacts:**

#1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Info:**

Please list any pertinent medical conditions (seizures, bone/muscle/joint injuries, diabetes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Discount System and Recital Fees**

LDC offers discounts for families with multiple students (immediate family only), and discounts for multiple classes.

Discounts are calculated as follows:

**Multi-student Discount – Multi-class Discount - RECITAL FEES:**

1st Student Full Price Tuition 1st Class Full Price ***All recital fees must be paid in FULL***

2nd Student 10% off their Tuition 2nd Class 5% Off Total Tuition ***by November 1st! You may pay at the time***

3rd Student 15% off their Tuition 3rd Class 10% Off Total Tuition ***of registration, or on a monthly plan from***

4th Student 20% off their Tuition 4th Class 15% Off Total Tuition ***September - November due with tuition by***

5th + Students receive 20% discount 5th + Class 20% Off Total Tuition ***the FIFTH of each month!***

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| --- | --- | --- | --- | --- |
| **Class Name** | **Day** | **Time** | **Reg. Monthly Tuition** | **Recital Fee** |
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Recital fees being paid in full at registration \_\_\_\_\_\_\_\_\_\_\_ ***OR*** Recital fees on 3-month payment plan\_\_\_\_\_\_\_\_\_\_\_\_\_

(Initial) (Initial)

**Total Regular Monthly Tuition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Recital Fees: +\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Non-refundable Annual Membership Fee ($20): +\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Office Use Only :** Collected by (int)\_\_\_\_\_\_ Paid by Cash\_\_\_\_\_\_\_\_ Paid by Check # \_\_\_\_\_\_\_\_\_\_\_\_ Paid by M.O.#\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Total Due at Registration: +\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



1. Legacy Dance Company is not responsible for the care of students except when in class or at a required event such as Recital, Company competitions/camps, and Company fundraisers. Students should not be left at the studio for excessive amounts of time prior to or after classes and rehearsals.
2. All Legacy Dance Company Students, Parents, and visitors to the studio waive the right to any legal action for any injury sustained on studio property resulting from normal dance activity conducted by the students before, after, and during classes.
3. All Legacy Dance Company Students and Parents attending competitions, community events, camps, fundraisers, and any events that take place off of studio property waive the right to legal action for any injury that is sustained as a result of normal activity for that event (i.e.: driving, travelling, dancing). Parents are responsible for transporting their dancer to and from events or making arrangements with another adult to do so.
4. The undersigned grant permission to Legacy Dance Company and its owners and operators to seek medical treatment for the participant in the event they are unable to reach a parent or guardian. I hereby declare any medical or mental conditions, problems, or restrictions and/or declare the participant to be in good physical and mental health.
5. As the legal parent or guardian, I release and hold harmless Legacy Dance Company, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever arising out of or related to, any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned while in or upon the premise of any premises under the control and supervision of Legacy Dance Company, its owners and operators or in route to or from any of said premises.

\_\_\_\_\_ I have read and accept the Legacy Dance Company Policies and Procedures. Furthermore, I hereby release Legacy Dance Company and its agents or representative of liability for any personal injury to any student arising out of participation in class or incurred while on the premises of Legacy Dance Company. In the event of a medical emergency, I authorize the agents of Legacy Dance Company to use their discretion in securing treatment if a parent/guardian of the student not be available under such circumstances. I understand every effort will be made to contact a parent/guardian or the Emergency Contact should the parent/guardian be unavailable under such circumstances. I also agree to permit Legacy Dance Company to use my child’s photograph for media or marketing purposes by signing this form. I further state that I am of lawful age and legally competent to sign this affirmation and release, that I understand the terms herein are contractual and not mere recital and that I have signed this document as my own free act.

\_\_\_\_\_ I have fully informed myself of the contents of this affirmation and release by reading it before I signed it, this release will be effective for the entire time that I am a student/parent on the premises of Legacy Dance Company or at times that I am participating at off-facility locations.

\_\_\_\_\_ I understand that ALL SALES are final. Including but not limited to: apparel, costumes, tuition, and recital tickets.

\_\_\_\_\_ I understand that all communications from LDC will be done through email, Facebook, and/or text message.

***New for 2018 and beyond –*** *All accounts must have a valid credit card on file with LDC! Tuition is due by the 5th of each month, tuition that remains unpaid at the end of the work day on the 10th will be automatically charged to the credit card on file and that will include a 6% processing fee, AND a $10 late fee per dancer.*

Name as it Appears on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_

Exp Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ CVV Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I understand that I have until the 5th of each month to pay my account in full any way I choose (PayPal, Cash, Check, or Credit Card). If my account remains unpaid at the end of the workday on the 10th of the month, I authorize Legacy Dance Company, LLC to charge the card listed above for the full amount due on my account including late fees and processing fees. I understand that if Legacy Dance Company is unable to collect my debt to them, my dancer will not be allowed to participate in classes or any other LDC events.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_