

Making Moves Dance Company LLC

Registration Forms 2020-2021 Dance Season

Student Information

Name First: _____ Middle: _____ Last: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____ School _____

Name: _____ Grade: _____

Phone #: _____ Email: _____

Contact Information (Parent/Legal Guardian)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Person Responsible for Tuition (If not Parent/Legal Guardian)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

Making Moves Dance Company LLC

Registration Forms 2020-2021 Dance Season

Please place a check by the desired class/classes

Kinderdance (2-3 Yrs.)	_____	Tumble Tot (3-5 Yrs.)	_____
Combination I (4-5 Yrs.)	_____	Jazz Funk (4-5 Yrs.)	_____
Combination II (6-8 Yrs.)	_____	Baton (6 & Up)	_____
Technique (6 & Up)	_____	Hip Hop (6 & Up)	_____
Jazz (6 & Up)	_____	Theatre (9 & Up)	_____
Kickline (9 & Up)	_____	Pom Jazz (9 & Up)	_____
Modern (9 & Up)	_____	Lyrical/Contemp. (9 & Up)	_____
Ballet (9 & Up)	_____	Tap (9 & Up)	_____
Pre Pointe (9 & Up)	_____	Pointe (Recommendation)	_____
Adult (18 & Up)	_____	Private Lessons (All Ages)	_____
Acro/Gymnastics (6 & Up)	<u>*Please select correct level below*</u>		
Beginner (Cartwheels, Bridges, Backbends, Back Walkovers, etc.)			_____
Intermediate (Back Handsprings, Roundoff Skills, Ariels, etc.)			_____
Advanced (Back Tucks, Layouts, Front Punches, etc.)			_____

If you are interested in learning more about our competition team please check! _____

Please initial that you agree to participate in the Spring Show! _____

Preferred (NOT guaranteed) Class Days: _____

How did you hear about MMDC: _____

By signing below, I am stating the above information is filled out correctly to the best of my knowledge. I also understand that any of the above information changes I need to inform Making Moves Dance Company LLC as quickly as possible.

Signature: _____

Printed Name: _____

Date: _____

Making Moves Dance Company LLC

Credit Card Payment Authorization

Check One (1) and Enter Your Details

- **Recurring Charge** - You authorize regularly scheduled charges to your credit card or bank account. You will be charged the full monthly tuition and a 5% card convenience fee each billing period. A receipt for each payment will be provided to you upon request and the charge will appear on your credit card or bank 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.

I _____ authorize *Making Moves Dance Company LLC* to charge
(Full Name)

My Credit Card or Bank Account below on the 1st of every month until my account balance is paid in full.

This payment is for Monthly Tuition until your account balance is paid in full.

- **Non-Recurring Charge** – Sign and complete this form to authorize the *Making Moves Dance Company LLC* to charge to your credit card or bank account as listed below.

By signing this form, you give us permission to debit your account for any balance not paid by its due date to include a late fee and the 5% card convenience fee. You agree that no prior-notification will be provided. This is permission for MMDC to only charge your account if we have not received payments and fees by their due date. We will also charge this account for all other payments upon your request.

I _____ authorize *Making Moves Dance Company LLC* to charge my
(Full Name)

Credit card or bank account indicated below for any monthly tuition Installment not received by the 5th of each month. Also all other charges and fees not received by their due date to include by not limited to: costumes, accessories, tights, program fees and recital fees. This card on file can be charged for any additional upon your request as well.

Making Moves Dance Company LLC

Credit Card Payment Authorization

Billing Information

Billing Address _____

Phone # _____ Email _____

City, State, Zip _____

Credit Card

Visa

MasterCard

Amex

Discover

Cardholder Name _____

Account Number _____

Exp. Date _____ / _____

CVV _____ Zip _____

I understand that this authorization will remain in effect until I cancel it in writing and I agree to notify MMDC 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. In the case of a Transaction being rejected for Non-Sufficient Funds (NSF) I understand that MMDC may at its discretion attempt to process the charge again within 3 days, and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of 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/bank account and will not dispute these transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

BANK ACCOUNT / CARHOLDER'S SIGNATURE _____

DATE _____

Making Moves Dance Company LLC

Waiver 2020-2021 Dance Season

Please initial by each of the following statements:

_____ I understand that MMDC and/or its instructors are not liable for any injuries that occur during class, rehearsals, competitions, dance conventions, and any performances that are held on or off the premises of MMDC. The parent and/or student must inform any instructors of injuries to prevent any further problems. I give permission for MMDC and/or its staff members to seek proper medical attention if needed.

_____ I understand that MMDC and/or its instructors are not liable for any lost, damaged or stolen personal property.

_____ I understand that it's my responsibility to update/change any information on registration and medical waivers throughout the 2020-2021 dance season ASAP.

_____ I give MMDC permission to use my child's picture/video for all publications which may include Facebook page, Website, flyers, and or any other promotional avenues without compensation or right to ownership.

_____ I understand that MMDC is not required to hold make up classes due to holiday's and/or inclement weather. MMDC will follow all of Colonial Heights City School Systems' closings regarding major holidays and inclement weather. Tuition is based off of the yearly price for class not the number of dance days you received within a calendar month. Monthly tuition will not be pro-rated and/or refunded due to inclement weather and/or holidays.

_____ I understand that a \$25 late fee will be applied to any monthly installment not received by the 5th of the month. Unpaid accounts for 60 days will result in the account being placed into jeopardy not allowing the student to continue with classes until the account is in good standing. Any account 90 days past due will be turned in for collections.

_____ I understand that there is a \$50 returned check fee regardless of the reason.

_____ I understand that after the 5th of the month MMDC will charge my credit card on file for the appropriate amount also to include the \$25 late fee and 5% card convenience fee.

_____ I understand that if for any reason I am unable to continue dance for the remainder of the season due to illness, injury, or move of location, I am responsible for turning in all appropriate documents to MMDC ASAP.

_____ I understand that I have entered into a payment obligation for the 2020-2021 dance season at MMDC. I understand that my yearly tuition price has been equally divided up into monthly installments and that the classes received are not paid on a month to month basis. Any delinquent accounts will accrue 10% interest to the total balance for every 30 days in delinquent status.

_____ I understand that each students account must have an active Credit Card on file. If there is any changes to the credit card on file I understand that it is my responsibility to provide the updated information to the office ASAP.

_____ I understand that if I choose to pay my tuition up front in full or pay off the remaining balance at any point throughout the dance season that it is nonrefundable.

_____ I understand that if I have chosen the automatic draft option that I give permission to MMDC to charge my credit card on file monthly until the end of my payment plan. I understand that my card on file will be charged the remaining amount owed to include any late fees, interest and convenience fees until the total balance owed is paid in full.

_____ I understand that classes start in September and will go until the Spring Show. I have until October 5, 2020 to withdraw from any classes in writing. Withdrawing from classes after October 5, 2020 still makes myself, the legal guardian/person responsible for the account, responsible for the total amount owed.

_____ I understand that the first month's installment is due at registration and is nonrefundable. This payment guarantees your spot in the class/classes.

_____ I understand that there is a \$25 per student or \$40 per family Spring Show fee and agree to pay it on or before the due date. This fee covers the cost of show needs such as props, decorations, lighting, etc. If not paid by the due date it will be charged to the credit card on file with any late fees and a 5% credit card convenience fee.

_____ I understand that I must pay all costume fees owed no later than November 13, 2020. Any costumes not paid by November 13, 2020 will incur a 10% late fee and will be charged to the credit card on file to include the 5% convenience fee. Costume fees are Non-refundable.

_____ I understand that my child must wear the appropriate shoes, tights, accessories, hairstyle etc. that is needed for the Spring Show. I understand that my child must wear the appropriate items for pictures being taken for the Spring Show Program.

_____ I understand that any balance not paid by its due date to include but not limited to costumes, accessories, recital fees, tuition and picture fees will be charged to my credit card on file to include any late fees and the 5% card convenience fee.

_____ I have received, read & understand the 2020-2021 Making Moves Dance Company Handbook.

Parent's Name: _____ Signature: _____

Student's Name: _____ Date: _____

Making Moves Dance Company, LLC

Medical Waiver 2020-2021 Dance Season

Student Medical Information

Name First: _____ Middle: _____ Last: _____

Physician/Insurance Information

Physician Name: _____ Phone Number: _____

Address: _____

Insurance Company: _____ Phone Number: _____

Insurance Policy Number: _____

Allergy/Injury Information

Does this student have any medication allergies? Yes ____ No ____

(If YES please list) _____

Does this student take any medications regularly? Yes ____ No ____

(If YES please list) _____

Does this student have any previous injuries or illness that MMDC should know about? Yes ____ No ____

(If YES please list) _____

Does this student have any special needs that MMDC should know about? Yes ____ No ____

(If YES please list) _____

Does this student have any food allergies? Yes ____ No ____

(If YES please list) _____

I understand the risk of injuries associated with the sport of dance. I understand that Making Moves Dance Company, LLC is not liable/responsible for any injuries associated with dance. I give Making Moves Dance Company, LLC and or a staff member permission to seek medical attention for the student if necessary.

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Printed Name: _____

Date: _____