DANCIN' IN THE SPOTLIGHT Registration 2013-2014

	T INFORMATION: r your contact informatio	n:					
Student Na	me:					□N	/lale □Female
Age:	_ Date of Birth:	Current C	lass Level:				
Parent/Gua	rdian First and Last Nar	ne:					
Address:	reet						
	reet			State	Zip)
	ne:			Phone:			
	r emergency contact info						
	Contact (other than Par						
Mobile Pho	ne:		Home P	hone:			
Pertinent M	edical Information (aller	gies, medication	s, injuries etc.)	K.		
	EGISTRATION:)		
Please place	e a ✔ by your class selec	tion(s) you are in	terested in.				
1	Class	Mon	Tue	Wed	Thu	Fri	Sat
	Ballet						
	Lyrical						
	Тар						
	Jazz						
	Acro						
	Musical Theater						
	Нір Нор						
	Dance Team/Spotlight Ballet Company						

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TUITION PAYMENT

This registration form must be filled out before September 10, 2013. If you wish to pay by Credit Card, enter your information below.

Full tuition is due at the beginning of each session. June Tuition must be paid by October 15th and is non-refundable. Costume payments are non-refundable once the order has been made. Payment plans are arranged with the approval of Dancin' In The Spotlight Executive Director, Gary LeBar. If financial aid is needed, please request a Scholarship Application Form. Any tuition payment more than 30 days late will be charged a \$15.00 late fee. There is also a \$15.00 charge for returned checks. Once classes have begun, tuition is non-refundable. Students who miss class or withdraw before the end of the session are still obligated for the full tuition without exception unless the class is canceled. Students are eligible for a pro-rated tuition refund only if they withdraw from classes due to prolonged illness or severe injury, verified by a doctor's certificate.

•	Classes must have a minimum of five (5) students enrolled for the	class to be held.
٠	A non-refundable \$25 registration fee is due before the registration	n can be processed.

•	A non-refundable \$25	registration fe	e is due b	before the	registration	can be	proce

Please make checks payable to DANCIN' IN THE SPOTLIGH	I
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Enclosed is a check for the amount of \$				
 Please charge my credit card the amount of \$ (Visa, Mastercard, Discover and American Express only) 				
Name on Card	_Account #	Exp. Date		
CVV Code				
DO NOT SEND CREDIT CARD INFORMATION VIA EMAIL				
Please return this form with payment to: Dancin' In The Spotlight, 385-B Saint Georges Avenue, Rahway, NJ 07065 Telephone: (732) 388-1182				

DANCIN' IN THE SPOTLIGHT POLICY ACKNOWLEDGMENTS Please read the following terms & conditions and sign below.

Photo Waiver: I hereby consent to and authorize the use of reproduction by Dancin' In The Spotlight of any and all photographs, recordings, videotapes and/or other reproduction or likenesses of the student's person or characteristics (reproductions) which have been secured by or for Dancin' In The Spotlight, for any purpose whatsoever, without compensation to the student. All reproductions shall constitute the property of Dancin' In The Spotlight, solely and completely. Further, I assign and release all rights to said reproductions and authorize Dancin' In The Spotlight, or others authorize by it, to exhibit, and/or distribute or otherwise further reproduce said newspapers and website with or without compensation in perpetuity. I also release, discharge, and agree to hold harmless the producers or any persons, or entities acting under their permission or authority from any liability arising form the use of said reproductions.

	I/we agree to the above stated waiver	☐ I/we do not agree to the above	Stateu warver
)	Signature:	Signed By:	Date:

(Parent/Guardian or Student if over 18)

(Print your Name)

Medical Consent and Liability Waiver: I hereby consent to the participation in the Dancin' In The Spotlight. I am aware that all forms of dance and the rigorous exercise associated with it place unusual stresses on the body and carry with them the possible risk of physical injury. I assume this risk and agree that Dancin' In The Spotlight, its staff and the facilities shall not be liable in any way for injuries I or my child sustain during attendance in this program.

I agree that I will not hold Dancin' In The Spotlight, LLC or any of its employees liable for injuries or illness contracted by me or my child while a student at Dancin' In The Spotlight.

YOUR SIGNATURE BELOW INDICATES YOU HAVE READ AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES LISTED ON THE REGISTRATION FORM:

Signature:	Signed By:	Date:
(Parent/Guardian or Student if over 18)	(Print your Name)	