



2012-2013 Student Registration Form

Student Name: _____ Date of Birth: _____
Address: _____ City/Zip: _____
Parent Contact: _____ Home Phone: _____
Cell Phone: _____
E-Mail Contact: (Mandatory) _____
Emergency Contact: _____ Emergency Phone: _____
Student's School: _____ Grade: _____

MEDICAL HISTORY

DOCTOR: _____ PHONE: _____

Has your child ever been advised by a medical doctor not to participate in any athletic activity? If so, please explain: _____

ALLERGIES: Foods, Medicines, Insects, Plants, etc...: _____

MEDICATIONS: If so, please list them here: _____

Does your child have any of the following? ADD/ADHD, Asthma, Anemia, Diabetes, Heat Exhaustion, Hemophilia, Heart Trouble, IBS, or Nausea/Vomiting. If so, please identify and explain: _____

Has your child had any major illness or surgery in the last three years? If so, please explain: _____

I AGREE THAT MY CHILD IS COVERED EXCLUSIVELY BY INSURANCE AND I AM FULLY RESPONSIBLE FOR ALL OF MY CHILD'S PAYMENTS:

Parent/Guardian (signature): _____ Date: _____

I HAVE READ SAVAGE DANCE COMPANY'S POLICIES AND PROCEDURES IN THEIR ENTIRETY, UNDERSTAND THEM, AND AGREE TO COMPLY WITH THEIR CONTENTS. I ACKNOWLEDGE AND UNDERSTAND THAT, UPON SDCS ACCEPTANCE OF THE REGISTRATION, DANCERS ARE ENROLLED AND FINANCIALLY RESPONSIBLE FOR TUITION UNDER THE PLAN SELECTED. I FURTHER UNDERSTAND THAT THE DANCE YEAR COMMENCES IN SEPTEMBER 2012 AND CONTINUES INTO JUNE 2013 (A 9.5 MONTH PERIOD)..

I HEREBY RELEASE AND REQUEST SAVAGE DANCE COMPANY TO ACT FOR ME ACCORDING TO THEIR BEST JUDGEMENT IN ANY EMERGENCY WHICH MAY REQUIRE MEDICAL ATTENTION TO MY CHILD, AND I HEREBY WAIVE AND RELEASE SAVAGE DANCE COMPANY, INC. AND ALL OF ITS INSTRUCTORS AND INDEPENDENT CONTRACTORS FROM ANY AND ALL LIABILITY FOR ANY INJURIES OR ILLNESSES WHILE TRAVELING TO AND FROM THE STUDIO, AND WHILE RECEIVING INSTRUCTION AT SAVAGE DANCE COMPANY, INC. FURTHERMORE, I UNDERSTAND THAT ALL MEDICAL/DENTAL EXPENSES INCURRED WILL BE THE SOLE RESPONSIBILITY OF THE STUDENT OR STUDENT'S FAMILY.

IN LIEU OF A MEDICAL CERTIFICATE SIGNED BY A PHYSICIAN, I HAVE NO KNOWLEDGE OF ANY PHYSICAL OR MENTAL IMPAIRMENT THAT WOULD BE AFFECTED BY THE NAMED STUDENTS' PARTICIPATION IN THIS PROGRAM, AS OUTLINED IN THE AFOREMENTIONED MATERIALS AND INFORMATION READILY AVAILABLE AT THE STUDIO AND ON THE WORLD WIDE WEB, AT WWW.SAVAGEDANCE.NET, WHICH I HAVE READ AND UNDERSTOOD.

FURTHERMORE, I UNDERSTAND THAT SAVAGE DANCE COMPANY, INC. RESERVES THE RIGHT TO USE ANY PHOTOGRAPHY, VIDEO, RECORDINGS OR ANY OTHER RECORD OF EVENT OR CLASS FOR PUBLICITY, ADVERTISING OR ANY OTHER PROMOTIONAL PURPOSE. I ALSO UNDERSTAND THAT SAVAGE DANCE COMPANY, INC. IS NOT RESPONSIBLE FOR ANY BELONGINGS LEFT IN THE STUDIO OR OUTSIDE OF THE STUDIO.

Parent/Guardian (signature): _____ Date: _____

CLASSES TO BE ENROLLED

Day _____	Time: _____	Class: _____	Instr: _____
_____	Time: _____	Class: _____	Instr: _____
_____	Time: _____	Class: _____	Instr: _____
_____	Time: _____	Class: _____	Instr: _____
_____	Time: _____	Class: _____	Instr: _____
_____	Time: _____	Class: _____	Instr: _____
_____	Time: _____	Class: _____	Instr: _____
_____	Time: _____	Class: _____	Instr: _____
_____	Time: _____	Class: _____	Instr: _____
_____	Time: _____	Class: _____	Instr: _____

Hours of Individual Instruction/week/ Up to...	PAY PLAN #1 (Monthly)	PAY PLAN #2 (3-PAY)
.50	\$35	\$105
.75	\$50	\$150
1.0	\$58	\$174
1.25	\$75	\$225
1.5	\$85	\$255
2.0	\$115	\$345
2.5	\$140	\$420
3.0	\$150	\$450
3.5	\$185	\$555
4.0	\$205	\$615
4.5	\$225	\$675
5.0	\$245	\$735
5.5	\$260	\$780
6.0	\$275	\$825
6.5	\$290	\$870
7.0	\$300	\$900
7.5	\$310	\$930
8.0	\$320	\$960

Special Tuition Rates and Notes:

SDC 2012 SPECIAL – 3 hrs per week instruction: \$150.00
Private Class: Please inquire. All instructors and genres available.
Semi-Private: Please inquire. All instructors and genres available.
Family Discounts: Families with two or more students enrolled may choose one of the following options for **total family hours** per week:
 1) \$205: 4 hrs of instruct/week;
 2) \$245: 5 hrs of instruct/week;
 3) \$275: 6 hrs of instruct/week;
 4) \$300: 7 hrs of instruct/week;
 5) \$320: 8 hrs of instruct/week;
 6) \$340: 9 hrs of instruct/week;
 7) \$360: 10 hrs of instruct/week;
Unlimited Classes/Individual: \$425/month
Single Class Rate: \$16/hr.; \$10/30 min.
BAC: Broadway Arts Connection is a separate entity from SDC. BAC tuition NOT included in our rates.
ZUMBA: Priced by session

PLEASE SELECT ONE PAYMENT PLAN OPTION BELOW:

****PLEASE NOTE THAT WE SEND ALL STUDIO INFO BY EMAIL. WE MUST HAVE A VALID EMAIL ADDRESS.**

PAY PLAN #1: MONTHLY

- 1) Payment must be either 1)ACH/Automated Monthly Debit System or 2) **Credit Card** (Visa or Mastercard). **No checks accepted for monthly payments.**
- 2) Must pay first and last full months tuition upon registration. This tuition payment is *non-refundable and non-transferable*. Automatic w/d will begin on October 5, 2012.
3. If **ACH**, please attach a voided check to this form. This check will be forwarded to *New Century Associates* to handle all automatic debit purposes. If **CREDIT**, please attach the Credit form.
4. Once submitted and registered in system, tuition payment is *non-refundable and non-transferable*. Sorry, no exceptions. Payments will continue to be taken on a monthly basis until a Notice of W/D form has been timely submitted.
5. If payment is rejected, a \$35 fee will be applied to your account.

Monthly Tuition Rate _____ + \$30.00 Registration Fee = _____
 Signature for ACH/Credit Approval: _____

PAY PLAN #2: TRI-PAY

- 1) Payment for September, October and November 2012 due at registration. This *tuition payment is non-refundable and non-transferable*.
- 2) Additional payment due dates are December 1, 2012 and March 1, 2013. Payments received after this date will automatically be assessed a 10% late fee. One final payment will be necessary in the month of June for ½ the monthly tuition.
- 3) Once submitted and registered in system, tuition payment is *non-refundable and non-transferable*. Sorry, no exceptions.
- 4) If payment is rejected, a \$35 fee will be applied to your account.

Tri-Pay Tuition Rate _____ + \$30.00 Registration Fee = _____

PAY PLAN #3: YEAR IN FULL (5% Discount off 9.5 month total)

- 1) Once submitted and registered in system, payment for September – November 2012 and June 2013 is *non-refundable and non-transferable*. Sorry, no exceptions.
- 2) As of October 1, 2012, tuition payment for December 2012-May 2013 is *non-refundable and non-transferable*.
- 3) If payment is rejected, a \$35 fee will be applied to your account.

YIF Tuition (9.5 x monthly total) _____ - 5% discount _____ + \$30.00 Reg Fee = _____

For Office Use Only:

Method of Payment: ACH Credit Check Visa/MC Code _____
 Total Received: _____ Check #: _____
 Date Received: _____ Date Reg. In System _____ SDC Staff: _____
 Additional Notes: _____