



Welcome to Relevé Performing Arts! We are excited to work with our students and thank you for choosing our studio. To enroll in classes, please provide your information below. All enrollments are pending until registration is reviewed. NO CREDIT CARDS are billed at this time. You will be notified and billed for fees posted upon approval. Applicable discounts will be applied. \*denotes required fields

Today's Date: \_\_\_\_\_

## Student Information:

\*Student Name: \_\_\_\_\_

\*Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

## Parent/Guardian Information:

\*Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

\*Parent/Guardian #1 Name: \_\_\_\_\_ Preferred method of contact: (circle)  
Email Home/Cell Text

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian #2's Name: \_\_\_\_\_ Preferred method of contact: (circle)  
Email Home/Cell Text

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you hear about our studio? \_\_\_\_\_

# Medical Release Form:

I, \_\_\_\_\_ (parent/guardian name) hereby give my permission for any and all medical attention to be administered to my child, \_\_\_\_\_, (child's name), in the event of accident, injury, sickness, etc., under the direction of the physician listed below or any necessary emergency facility, until such time as I may be contacted. I also assume full responsibility for the payment of any such treatment. This release is effective for the period of one year from date given.

CHILD'S PHYSICIAN \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

KNOWN ALLERGIES \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

# Waivers/ Photography Release Forms:

In attending Relevé Performing Arts Inc. taking dance or exercise classes and otherwise using the facility and equipment therein, I do so at my own risk. Relevé Performing Arts is not responsible for any injuries that may occur in the classroom while student/or minor is dancing. All precautions to safeguard the student are taken, including education of proper warm up and cool down techniques. The risk of sustaining injuries result from the nature of activity and can occur without fault of either the student or Relevé Performing Arts, its' shareholders, directors, officers, dance instructors, employees/agents or the facility where the activity is taking place. Relevé Performing Arts shall not be liable for any damages arising from personal injuries incurred by me/ or child (minor) in, on or about the premises of the Relevé Performing Arts Inc. relative to my attendance at the dance studio, taking dance or exercise classes or otherwise using the facility and equipment therein. By choosing to take part in this activity, you are accepting the risk that you/your child (minor) may be injured and fully and forever release and discharge Relevé Performing Arts from any and all claims, demands, damages, rights of action or causes of action present and future, whether the same be known, anticipated or unanticipated resulting from arising out of the use of said Relevé Performing Arts, dance classes, facility, and equipment thereof. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaging in the activity. I am aware that Relevé Performing Arts does not provide medical insurance coverage for injuries of any nature incurred in any activity and or event. We have read the above. We understand that by participating in the activity we are assuming the risks associated with doing so and I hereby release Relevé Performing Arts Inc. and assignees from all claims and liability relating to said paragraph.

I authorize Relevé Performing Arts to use photos of myself/my child for educational or promotional purposes in any type of media, including its website.  Yes  No

Student's name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's name (please print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

# Class Rates:

Adult 7 week Session.....\$78.00	Private Lessons..... Call for pricing/packages
30 Minute Class.....\$40.00/month	45 Minute Class.....\$60.00/month
60 Minute Class.....\$65.00/month	Family discount 10%
Registration fees waived when paid in full	Individual Registration Fee.....\$15
Family Registration Fee.....\$20 (up to 3 students an each additional \$5.00/student)	

- A guaranteed credit card is required for all registrations. Payment is required 1 week prior to the start date of each session. Should payment not be received by the session date, a \$20 late fee will be assessed and the participant will not be able to attend classes until account is in good standing.
- Please notify the studio if the participant will be absent from class. We will gladly offer our students a make-up for any missed classes within 30 days of their absence. Students may make-up a missed class in any comparable age/level class on our schedule. Please inform the studio to make these accommodations. In the event of a forced studio closure by the CDC or local government due to pandemic, classes will continue at their normal day and time but will move to a virtual (Zoom) platform to continue class progression. Refunds or credits will be issued for class cancelations due to bad weather, or any COVID-related class cancelation. If choosing to cancel remaining classes a prorated refund will be issued based on your payment arrangement for the session. Cancellation notices will still be required if we have virtual instruction.
- Students wishing to end their commitment are required to fill out the written notice form, in person, to cancel enrollment. Relevé Performing Arts considers your student enrolled in the class until we receive written notice. Your account will be billed accordingly. For Option 1; Last day to cancel for prorated refund is 9/30/2023. Option 2 Notices must be received by the 27<sup>th</sup> of the month to cancel for the upcoming month(s).

# Class Enrollment:

Class Description, Day & Time	Minutes	Fee
40 min.....Private Lessons	<b>Total Minutes</b>	
30 min.....Bouncin' Babies	<b>Payment Option 1</b>	
45 min.....Adult Classes (**7 week sessions @\$78**)	<b>Payment Option 2</b>	
45 min.....Creative Movement, Tot Hop, Pre-Ballet, Intro Tap, Urban Hip Hop	<b>Registration Fee</b>	
60 min.....Kidlet Combo, Beg. (A,B), & Int. (C)	<b>Family Discount</b>	
*class age is a guideline; placement subject to teacher approval*	<b>TOTAL DUE</b>	

\* \_\_\_\_\_ Payment Option 1- Full Session (No Registration Fee applied)

\* \_\_\_\_\_ Payment Option 2- Monthly recurring payments will be posted at the beginning of each month for the duration of the session. Credit card payments will be posted on the 1<sup>st</sup> of each month. Check or Cash payments must be submitted no later than the 5<sup>th</sup> of each month.

\*Fall Session runs September 5<sup>th</sup> – December 16<sup>th</sup> (14 weeks)

No Classes 10/31 & 11/22-11/25 (11/20, 11/21 class in session)

\*\*Adult Session 1 runs 9/5-10/21; Session 2 runs 10/23-12/16\*\*

# Person Responsible for Payment:

\*Please record debt or credit card information:

Visa  MC  Discover exp: \_\_\_\_\_ / \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ V-Code (3 digits): \_\_\_\_\_

Card Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Printed Name of Signature Holder \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Student Name: \_\_\_\_\_