



Please print, sign, and mail/e-mail registration forms and payment to:

Mailing address:

150 Oyster Pond Rd.
Falmouth, MA 02540

E-mail address:

FalmouthDance@yahoo.com

STUDENT INFORMATION

NAME: _____ AGE: _____ DOB: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

GUARDIAN(S): _____

DAY PHONE: _____ EVENING PHONE: _____

EMAIL ADDRESS: _____

RESPONSIBLE FOR PAYMENT (IF NOT SAME AS ABOVE):

NAME: _____ PHONE: _____

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

NAME: _____

RELATIONSHIP TO STUDENT: _____ PHONE: _____

**Please list any medical conditions you feel we should be aware of (i.e. diet restrictions, allergies, asthma, etc.): _____

SIGNATURE: _____ **DATE:** _____

CLASS SCHEDULE (TO BE COMPLETED BY STAFF)

DAY/TIME: _____

**FALMOUTH DANCE ACADEMY
FINANCIAL AGREEMENT 2020-2021**

FDA school-year tuition is averaged into 10 monthly payments. These payments are based on 40 weeks of instruction, with a week off at Thanksgiving, two weeks over winter break, and a holiday off during Spring Break. Please note that tuition is due the first week of every month and is non-refundable. Should you choose to terminate your contract, please give written 30 day notice via letter or email to FalmouthDance@yahoo.com

Both Dancer and parent/guardian have read and understood all that is expected as a member of Falmouth Dance Academy. We understand that these policies are created to ensure the best training and most positive learning experience for everyone involved. Both dance and parent/guardian understand that failure to meet the conditions set forth in this contract could result in the dancer's dismissal from Falmouth Dance Academy.

DANCER'S PRINTED NAME: _____

DANCER'S SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PAYMENT PLAN:

At Falmouth Dance Academy, we offer the following forms of payment for student tuition. Please select which option you would like to use:

CASH

CHECK (must include FIVE post-dated checks upon first tuition payment date)

CREDIT CARD (please complete below information when selecting this option)

NAME ON CARD: _____

CARD NUMBER: _____

CVC CODE (3 digit number on back of card): _____

EXPIRATION DATE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ PHONE NUMBER: _____

**I hereby authorize Falmouth Dance Academy to automatically charge my credit/debit card for the terms I selected above, starting with the first month of this registration and ending in June 2021. I will also be charged a \$20.00 Registration Fee and Costume Fees as required (costume deposits will be charged in the month of October/November and balances are due in Jan/Feb.

SIGNATURE REQUIRED: _____ **DATE:** _____

**FALMOUTH DANCE ACADEMY
COSTUME CONTRACT 2020-2021**

DANCER'S PRINTED NAME: _____

Costume sizes run as follows (please circle one):

Children's:

XS (extra small) **S** (small) **M** (medium) **L** (large) **XL** (extra large)**

Adult:

S (small) **M** (medium) **L** (large) **XL** (extra large)**

**\$10 additional fee applied

- A \$60 costume deposit is required on each costume ordered. The deposits are due no later than October 31st. Balances are due no later than January 15th.
- Please keep billing up to date to insure your child receives his or her costumes. We cannot distribute costumes to any student that has an outstanding balance on either tuition or costumes.
- If your child will not be participating in our annual dance recital, a written statement is needed by October 31st. After that date there will be no costume refunds.
- If your child starts dancing later in the year, a \$10 shipping and handling fee will be added to each costume fee.
- Costume deposits will be added to your October billing statement.
- Costume balances will be added to your January billing statement.
- Parents/Guardians are responsible for any costume alterations needed. Most costume companies will only distribute so many of each costume size. Costume distribution will be finalized by the teachers and we will do our best to insure your child has a proper fit.
- There are no refunds on costumes once costumes are ordered.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:**

**FALMOUTH DANCE ACADEMY LIABILITY RELEASE
2020-2021**

- I understand that there are risks of physical injury associated with, arising out of and inherent with the activity of dance. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all rights and or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to Falmouth Dance Academy, it's officers, agents, employees, instructors, subsidiaries, parent corporations, and all affiliated entities (hereinafter collectively referred to as "Falmouth Dance Academy"). I hereby agree to release Falmouth Dance Academy of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in dance on behalf of the participant.
- I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation.
- I also give Falmouth Dance Academy permission to use my child's picture in or on any form of advertisement for Falmouth Dance Academy or a Falmouth Dance Academy affiliated event.
- If I am a minor, my parent and/or legal guardian has also signed this document releasing Falmouth Dance Academy from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risks of injury inherent to this activity.
- The participant has my permission to participate in Falmouth Dance Academy events. I warrant the below information as complete and correct. I further release Falmouth Dance Academy of all liabilities associated with my child's attendance at Falmouth Dance Academy.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARTICIPANT'S NAME: _____ **DATE:** _____

