

# STUDENT REGISTRATION FORM (Studio Keeps)



**ELEVATED**  
DANCE PROJECT

- \$50.00 registration fee per family.  
This fee will also include a professional DVD of the recital in May.

Billing name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ email \_\_\_\_\_

Mother \_\_\_\_\_

Employer \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Father \_\_\_\_\_

Employer \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Student #1 name \_\_\_\_\_ Birth date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ email \_\_\_\_\_

Student #2 name \_\_\_\_\_ Birth date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ email \_\_\_\_\_

Student #3 name \_\_\_\_\_ Birth date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ email \_\_\_\_\_

## MEDICAL INFORMATION

Medical conditions \_\_\_\_\_

\_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_



## RULES AND GUIDELINES (Parents Keep)



ELEVATED  
DANCE PROJECT

Please read the contract thoroughly before you sign. This document outlines the rules and requirements each student will be held to during the dance season.

### REGISTRATION

Please fill out registration form, release form and the rules and guidelines and bring to studio to registration, or mail registration form to 1396 E. Iron Eagle Drive, Suite 300, Eagle, ID 83616. There will be a \$50.00 registration fee that will include a professional DVD of the recital in May, and also reserves your place in class.

### TUITION

Tuition is due the 1st of every month and is considered late if you have not made a payment before the first week of the month, which will result in a \$10.00 late fee. The full tuition is due regardless of any missed classes. If a student has missed a class, you may find a similar class to make up the missed class free of charge. Tuition does not include, costumes, shoes, or registration fees. You are required to pay the first and last months tuition at registration with the registration fee. Tuition is due before any child may take classes. If you wish to try a class before you enroll, you may do so for \$15.00 per class. If you decide that you no longer wish to take at Elevated Dance Project, your paid tuition is non-refundable. Any past due accounts over 2 months will result in your dancer not being able to participate in class.

We have many options for payment; check, credit card, and cash. There will be a \$25.00 fee for any returned checks. If you choose to withdrawal from any class please let us know immediately. You will still be charged for the full month if you decide to leave during the middle of the month. You will need to give us a full months notice, before we stop billing your account. If you would like to set up automatic credit card withdrawal, there will be a \$5.00 fee per month. If accounts are past due 90 days, there will be a 5% late fee on the past due account balance. There will be an additional 5% late fee each month thereafter on the past due balance.

### PRICES

These prices are for the full month, some months are shorter than others but it balances out throughout the year. Our classes start the day after Labor Day, and end with the final recital in May.

1/2 hour class	\$25.00 per month	Enrollment in 2 classes = 20% off total tuition
45 minute class	\$40.00 per month	Enrollment in 3 classes = 30% off total tuition
1 hour class	\$45.00 per month	Enrollment in 4 or more classes = 40% off total tuition
1.25 hour class	\$55.00 per month	
1.5 hour class	\$65.00 per month	

### HOLIDAYS

There will be no class on the following holidays: Thanksgiving break, Christmas break, New Years day, President's Day, and Spring Break week. We will announce those breaks based on the school schedule, both traditional and year round.

### DRESS CODE

Students must be dressed accordingly to each class; no baggy clothes, proper shoes, and hair out of face. For all ballet classes you must wear leotard and tights, and hair needs to be tight to your head. It is up to the teachers' discretion to excuse a student from class due to improper dress.

If students have a period of time between classes and are not picked up during that time, they must wait quietly. They may eat a snack, do homework, etc. but no running around the building. Students must also wait in the lobby to be picked up. No waiting outside, as we want to ensure the safety of our students. Students must be picked up no later than 10 minutes after their class has ended.

### EMAIL

We constantly communicate through email, and it is very important that we have a current email address for each account. Check your email frequently for messages from EDP, and make sure you read them thoroughly. We also suggest you set a folder for all the email coming in from EDP. There will be many!

# LIABILITY RELEASE FORM (Studio Keeps)



ELEVATED  
DANCE PROJECT

Agreement and release from liability by parent or legal representative for a full year from the date listed below.

Name of child \_\_\_\_\_

## VOLUNTARY PARTICIPATION

I, \_\_\_\_\_ (name of parent or legal representative), acknowledge that my daughter, son and/or child for whom I have legal custody has voluntarily applied to engage in dance and dance-related activities at the premises of the Elevated Dance Project, located at 1396 E. Iron Eagle Drive, Ste 300 Eagle, Idaho 83616.

## ASSUMPTION OF RISK

I am aware that dance and dance-related activities are potentially hazardous. My son/daughter, and/or child for whom I have legal custody is voluntarily participating in these activities with knowledge, both his/hers and mine, of the danger involved, and I hereby agree to accept any and all risks of injury or death, from any cause or source whatsoever and verify this statement by placing my initials here:

\_\_\_\_\_

## RELEASE

As consideration for my daughter, son or child for whom I have legal custody being permitted by Elevated Dance Project or one of its affiliated organizations to participate in these activities and use their facilities, I hereby agree that I, my child, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of Elevated Dance Project or any of its affiliated organizations (or the supplier of any of the equipment used in these activities) for injury or damage resulting from their negligence or other acts, howsoever caused, by any employee, agent, director, officer or contractor of Elevated Dance Project or any of its affiliated organizations as a result of my participation in dance and dance-related activities.

I hereby agree to hold harmless Elevated Dance Project and its agents from any and all claims arising out of my child's participation in any activities whatsoever. I, and my child, waive any potential claims against Elevated Dance Project its contractors, employees and agents.

## AUTHORIZATION

I, \_\_\_\_\_, am a parent having legal custody of

\_\_\_\_\_, who was born on \_\_\_\_\_

I hereby authorize the Elevated Dance Project, into whose care the minor has been entrusted, to consent to emergency medical and/or dental treatment. The authority granted by this authorization includes the authority to consent to any medical and/or dental treatment on my child's behalf under the general or special supervision of a qualified physician, surgeon or dentist.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## CONTACT INFORMATION

\*Please do not use abbreviations (with the exception of state). Please list everything in full.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

email address \_\_\_\_\_

## KNOWING AND VOLUNTARY EXECUTION

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and ELEVATED DANCE PROJECT and/or its affiliated organizations and sign of my own free will.

Executed at (location) \_\_\_\_\_ 1396 East Iron Eagle Drive, Suite 300, Eagle ID 83616 \_\_\_\_\_

City and State \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of minor, dance participant