

**Florida School for Dance Education
Registration Form: 2016 - 2017**

Name of Student # 1: _____ Student # 2: _____

Parents Name: _____

Returning Student/s: (Please check if account information is the same as last year.) _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone # (M): _____ Cell Phone # (F) _____

E-mail: _____

Emergency Contact: _____ Phone #: _____

Please List any Medical Conditions: _____

How did you hear about us: _____
=====

Student # 1: Birthday _____ School _____ Grade _____

Description of Class	Day & Time	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

=====

Student # 2: Birthday _____ School _____ Grade _____

Description of Class	Day & Time	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Florida School for Dance Education
Payment Form: 2016-2017**

Registration Fees are non-refundable: \$ _____
\$40-Student 1/\$20-Students 2 & 3 /Family Max \$80.00

Tuition Student # 1: _____

Tuition Student # 2: _____

Total Tuition (for payment plans) _____

Costumes Fees Student #1: (50% due Oct. 1st & Nov.1st) _____

Costume Fees Student #2: _____

Total Tuition & Fees: \$ _____

- Please Choose:** Payment Plan I - 2 Installments due **August 1, 2016** and **January 1, 2017**.
 Payment Plan II - 3 Installments due **August 1, 2016, November 1, 2016** and **February 1, 2017**.
 Payment Plan III– 10 Installments due the **1st** of each month for the months **August 1, 2016– May 1, 2017**.

I authorize FSDE to charge my credit card according to the payment plan selected above.

Credit Card: MC _____ Visa _____ Discover Card _____

Account #: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Signature: _____

Date: _____

If paying by check, make payable to **Florida School for Dance Education**.

FLORIDA SCHOOL FOR DANCE EDUCATION, INC.
2016-2017

WAIVER OF LIABILITY, RELEASE, ASSUMPTION OF RISK
AND INDEMNITY AGREEMENT

I affirm that I am 18 years of age or older and mentally competent to enter into this Waiver, Release, Assumption of Risk, and Indemnity on behalf of _____
(Insert name if 18 or older: insert name of minor child under 18) who is voluntarily participating in one or more instructional dance sessions or other events offered at Florida School for Dance Education, Inc.

I am not aware of any medical condition I/ my minor child have/ has which preclude me/ my minor child from participating in dance activities. I understand there is a risk of injury associated with dancing and that such injuries may be caused in whole or in part by the student (or my minor child), or by the actions or inactions of other students or instructors.

In consideration of your/ my minor child participation for dance instructions by the Florida School for Dance Education, Inc. (FSDE), and in further consideration of the expertise and achievements of instructors at FSDE, I/my minor child and I agree to all of the following, which shall bind me/my minor child and me.

a. I agree or I agree to instruct my child to immediately stop performing any activity if I/ my minor child feel any pain, dizziness, light headedness or any other symptoms, and to immediately report those symptoms to the instructor. I also agree or to instruct my minor child to carefully follow the instructors' directions, to ask for additional directions if I/my minor child do/does not understand any particular activity, and to immediately stop any activity which I am/my minor child is not competent or confident enough to perform.

Initial: _____

b. To the fullest extent permitted by law, I agree and represent that I/my minor child and I assume the risk and responsibility for any and all injuries to myself/my minor child that I/my minor child sustains while performing any dance, pilates or strengthening activities, including any and all costs and damages that are a consequence of such injuries, and whether such injuries costs and damages were caused in whole or in part by FSDE and their instructors, students or employees.

Initial: _____

c. To the fullest extent permitted by law, I/my minor child and I agree to defend, indemnify and hold harmless FSDE and their instructors, agents, employees, contractors, clients and students, from and against all claims, costs, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from myself/my minor child's performance or other participation in any dance, pilates or strengthening activities, regardless of whether or not such claim, cost, damage, loss or expense was caused in part by a party indemnified hereunder.

Initial: _____

I have read, understand, and fully agree to the terms of this WAIVER OF LIABILITY, RELEASE, ASSUMPTION OF RISK, and INDEMNITY.

SIGNATURE OR SIGNATURE OF PARENT/GUARDIAN IF A MINOR

DATED

**FLORIDA SCHOOL FOR DANCE EDUCATION, INC.
2016-2017**

LIMITED USE PHOTOGRAPHIC RELEASE

For and in consideration of my or my minor child engagement as a student at the Florida School for Dance Education (hereafter referred to as FSDE) on terms hereinafter states, I or on my minor child's behalf hereby give the Photographer/Videographer and FSDE, their legal representatives and assigns, those for whom the Photographer/Videographer and FSDE are acting, and those acting with their permission, the right to copyright and/or use, reuse and/or publish, and republish the photographic pictures/film of me or of my minor child taken during the course of my study at FSDE or at any school performances. I hereby waive any right to inspect or approve the finished photograph(s)/video(s) prior to publication. I hereby release, discharge and agree to hold harmless the Photographer/ Videographer and FSDE, their representatives, assigns or any other person or persons, corporation or corporations, for whom they might be acting, including any firm publishing and/or distributing the finished product, in whole or in part, from and against any liability as a result of its publication or distribution of the same. I certify that I am suffering under no legal disabilities and that I have read and foregoing release, authorization and agreement, before affixing my signature below, and warranty that I fully understand the contents thereof.

SIGNATURE OR SIGNATURE OF PARENT/GUARDIAN IF A MINOR

DATED