

# Safiyah Dance Co. Registration Form

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_

Street/Apt: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M or F Grade: \_\_\_\_\_

Parent's Last Name: \_\_\_\_\_ Parent's First Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email : \_\_\_\_\_

*Email is required for important notices such as snow days and recital info*

Home Phone : \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Please list any allergies or disabilities (learning or physical) that we should be aware of. (for office use only)

\_\_\_\_\_  
\_\_\_\_\_

## PAYMENT OPTIONS (PLEASE CIRCLE ONE)

### Option A

Full payment upon registration (5% discount)

### Option B

50% due at registration and 50% due on November 15th.

\*Costume fee due October 26th

### Option C

Payments will be automatically deducted between the 1st and the 5th of each month from a credit card on file. A costume fee will be charged on October 26th. There is a \$15 charge if a credit card is declined on the scheduled payment date.

**All tuition payments MUST be on Automatic Draft.**

## CREDIT CARD PAYMENTS Visa, MC, or Discover

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_ / \_\_\_ / \_\_\_ CSV: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PLEASE NOTE: 30 days Notice Must be given to Stop Automatic Tuition Payments. Tuition will be drafted for following month if 30 days is not given.**

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

## Registration Checklist

1. Fill out entire form including dancer's birth date.
2. Include 1st mo. tuition and \$25 registration Fee (Checks made payable to Safiyah Dance Co.)  
**Your child's spot in class will not be reserved until payment is received.**

### 3. Sign the bottom of the form.

4. Mail your registration form and deposit to:

Safiyah Dance Co.

8001 Vine Crest Ave. Suite 7

Louisville, KY 40222

Attn: Registration

**PLEASE NOTE: 30 days Notice Must be given to Stop Automatic Tuition Payments.**

### For office use only

Registration Date : \_\_\_\_\_

Tryout Date : \_\_\_\_\_

Membership Fee : \_\_\_\_\_

Tryout Fee : \$ \_\_\_\_\_

Monthly Tuition Amount: \_\_\_\_\_

Registered Yes or No: \_\_\_\_\_

RELEASE: In consideration of being permitted to participate in any way in, with, or for Safiyah Dance Co. ("SDCo.") and/or being permitted to enter for any purpose into any area where in admittance to the general public is prohibited ("Restricted Area"), the participant agrees or, in the event that the participant is a minor, the parent(s) or legal guardian(s) of the participant ("I") fully understand, acknowledge, and agree that there are risks and dangers associated with dancing, dance events and related activities that can result in bodily injury, partial or total disability, paralysis, or death ("Harms"). I accept and assume such risks and responsibility for the losses and damages following such Harms however caused and whether caused in whole or in part by the negligence of SDCo. **I HEREBY RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, AND COVENANT NOT TO SUE SDCo.** including its owner(s), managers, teachers, promoters, or other participants as well as instructors and promoters participating in activities or events held at SDCo. Further, I consent to and permit SDCo. to use any pictures taken of my child for their commercial advantage including advertisements and public dissemination. **I HAVE READ AND I FULLY UNDERSTAND AND CONSENT TO THIS RELEASE, WAIVER OR LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. I HAVE HAD A CHANCE TO HAVE IT REVIEWED BY AN ATTORNEY. FURTHER, I HAVE READ, UNDERSTAND, AND AGREE TO ALL THE POLICIES OF Safiyah Dance Co. WHETHER WRITTEN HEREIN OR ELSEWHERE.**

**SIGN**

**HERE ->**

Parent or Guardian \_\_\_\_\_  
Signature (if minor)

Date: \_\_\_\_\_

502.650.5611 Safiyahdance.net