



**2025 Summer
REGISTRATION FORM**
Ballet, Tap, Jazz, Lyrical & Hip Hop

Student's Full Name: _____ Age: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail Address: _____

Allergies/Illnesses: _____

Class	Day	Time	Tuition

Total = _____

Sharper Image Performance Dance Studio, Inc.
6621 W. Gulf to Lake Hwy.
Crystal River, FL 34429
352-563-5550
www.sharperimagedance.com

Dance Reg. fee = \$35.00
Acro Reg. fee = \$55.00
30 minute class = \$10.00 per day
45 minute class = \$15.00 per day
60 minute class = \$20 per day
\$200 Unlimited Classes
June 2nd – 5th
\$275 Unlimited Classes
July 21st - 24th

Please fill out the following information so that we may act quickly in the event of an emergency Emergency Contact (in the event that the parents cannot be reached):

Name: _____ Phone # _____ Relation to Child _____
Doctor's Name: _____ Phone # _____

Permission to Treat:

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in my absence.

Signed: _____

Payment of Tuition:

Tuition is due by the first of each month. If the accounts are not paid after the tenth of the month, there will be a \$10.00 late fee for every week the balance goes unpaid. After 2 months of no payments and payment plan, your child will be unable to continue dance until all accounts are paid up. There is a \$35.00 returned check charge for any checks returned by the bank for any reason.

When costumes are ordered, I agree to pay the full amount of the costumes at the payment time. If my child drops or decides to not participate in the recital and costumes have been ordered for my child, I will still pay the amount of the costumes in full and receive no refunds.

Upon payment of the recital and registration fee, I agree to pay the full amount with the intention of my child participating in the recital. I understand that if my child does not participate in the recital, I will forfeit my recital fee and not be refunded for any purpose. If my account is not paid in full by May 10th and the time of recital, my child will be unable to participate in the end of year recital. Sharper Image Performance Dance Studio, Inc. reserves the right to disclose financial account information.

If I choose to pay the tuition in full for the year, I understand it is non-refundable even if my child decides to drop classes or quit and no credits will be administered for missed classes.

☐ I've read the above and agree **initial:** _____

Acknowledgment of Risk and Waiver of Liability:

As legal guardian of _____, I hereby consent to the above person participating in Sharper Image Performance Dance Studio, Inc.'s programs. I recognize that potentially severe injuries can occur in dance/Tumbling activities. I certify that I have consulted a physician, to the extent that I deem appropriate, concerning my child's participation in this activity. I represent to Sharper Image Performance Dance Studio, Inc. that my child is medically fit to participate.

Upon registration for the Summer/Fall/Spring 2025-2026 session, I as a participant (or as a guardian of a participant taking dance, under 18 years of age) at Sharper Image Performance Dance Studio Inc., do hereby fully release and discharge Sharper Image Performance Dance Studio, their officers, faculty and employees from any and all claims for injuries, damage, loss or sickness (Covid-19) which I may incur on account of my participation in class and at dance events including dress rehearsal, recital and all dance functions. I also understand publicity photos may be taken at any time throughout the semester and I give consent to publish those photos.

I understand that during open studio/rental times my child will be dancing at their own risk and Sharper Image will not be responsible for any injuries. I will monitor my student during these times and prevent any injuries or horseplay that may occur during open studio.

My student and I have read and understand the COVID-19 procedures and requirements implemented at the studio and have full intention of understanding and following them throughout the year.

This acknowledgement of risk, studio policies and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian's Signature: _____
Date _____