

2024-2025 REGISTRATION FORM

Offering Acting, Vocal, Ballet, Tap, Jazz, Acro, Tumbling & More!!!

Student's Full Name:		Age	e: Date	e of Birth:
2 nd Student's Name:	Age	: Date	Date of Birth:	
Parent/Guardian Name:				
Address:		_ City:		Zip
Cell Phone:	H	ome:	Work:	
E-Mail Address:				
Allergies/Illnesses:				
Class		Day	Time	Monthly Tuition
1.				
2				
3.				
1				
4.5.				
5.				
6.				
7.				
8.				
9.				
10.				
Ask about discounts for paying the	ne year	in full ©	(\$50 Dance Fa	Dance Registration Fee amily Registration Fee) nbling Registration Fee
Monthly Tuition Breakdown				amily Registration Fee)
30 minute class = \$45 for the month			(\$90 Tullibillig I'd	anning Registration (ee)
45 minute class = \$55 for the month				_
60 minute class = \$65 for the month	First	Month's Tuition I	ncluding Registratio	n Fee =
1.25 hour class = \$70 for the month				
Unlimited Classes = \$275 per month		100/ D: 4 2	, ,)
Unlimited (2) Students = \$350 per		10% Discount on 2		
month	20% Discount on family member's tuition			

(Please Fill Out Back of Form)

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

Contact (in the event that the	parents cannot be rea	ve may act quickly in the event of an emergency Emergency sched):		
Name:	Phone #	Relation to Child		
Doctor's Name:		Phone #		
Permission to Treat:				
I hereby give my permission t child, should sickness or accident		ofessionals to administer emergency medical treatment to my ence.		
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 g	goes unpaid. After 2 months of no payments and payment		
		e until all accounts are paid up. There is a \$35.00 returned		
check charge for any checks	returned by the ba	nk for any reason.		
	the recital and costu	amount of the costumes at the payment time. If my child drops imes have been ordered for my child, I will still pay the amount of		
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 10^{th} 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 is classes or quit and no credits		understand it is non-refundable even if my child decides to drop for missed classes.		
☐ I've read the above and a	gree <mark>initial:</mark>			
Acknowledgment of Risk an	d Waiver of Liabili	ty:		
Sharper Image Performance I dance/tumbling activities. I c	Dance Studio, Inc.'s pertify that I have conpation in this activity	, I hereby consent to the above person participating in programs. I recognize that potentially severe injuries can occur in sulted a physician, to the extent that I deem appropriate, . I represent to Sharper Image Performance Dance Studio, Inc.		
taking dance, under 18 years of discharge Sharper Image Perf for injuries, damage, loss or sidance events including dress in	of age) at Sharper Im ormance Dance Stud sickness (Covid-19) v rehearsal, recital and	4-2025 session, I as a participant (or as a guardian of a participant age Performance Dance Studio Inc., do hereby fully release and io, their officers, faculty and employees from any and all claims which I may incur on account of my participation in class and at all dance functions. I also understand publicity photos may be we consent to publish those photos.		
	aries. I will monitor	ny child will be dancing at their own risk and Sharper Image will my student during these times and prevent any injuries or		
		VID-19 procedures and requirements implemented at the studio ving them throughout the year.		
This acknowledgement of risk completely, is signed voluntary		waiver of liability, having been read thoroughly and understood and intent.		
Parent or Legal Guardian's Date	Signature:			