



EAST SACRAMENTO 712 57TH STREET, SACRAMENTO, CA 95819 & 5635 H Street, Sacramento, CA 95819
LAND PARK 3202 Riverside Blvd, Sacramento, CA 95818
(916) 451. 4900

<http://www.fancyfeetdance.net>

STUDENT'S NAME: _____ AGE: _____ D.O.B _____ FEMALE / MALE

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DOES YOUR CHILD HAVE ANY ALLERGIES OR RESTRICTIONS: **Yes / No**

(If yes, please explain): _____

PARENT'S OR LEGAL GUARDIAN'S NAME: _____

ADDRESS: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

EMAIL: _____ WORK PHONE: (____) _____

EMERGENCY CONTACT (OTHER THAN PARENT): _____ PHONE: (____) _____

TRIAL CLASS:

Class/Day/Time/Teacher: _____

I UNDERSTAND THAT I AM ONLY PERMITTED 1 FREE TRIAL CLASS AT FANCY FEET DANCE ACADEMY.

INITIALS: _____



Waiver of Liability

I, _____, recognize and understand the risks of physical injury inherent to dance and dance training and I fully assume those risks. I hereby release Fancy Feet Dance Academy, and it's employees from all liability for injuries sustained, including death, or illnesses contracted while attending or participating in any dance classes, rehearsals, workshops, or performances. I agree to indemnify, defend, and hold harmless Fancy Feet Dance Academy, employees and dance teachers for liabilities, costs and judgments arising from acts of omissions committed by me or my child which result in injury or damage to any person or property. **INITIALS:** _____

Photo Release

Fancy Feet Dance Academy reserves the right to use photographs and videos taken during classes, workshops, performances, or other affiliated events for the purposes of instruction, advertising and promoting Fancy Feet Dance Academy and its programs. Students, or parents of students who are minors, who do not wish to comply with this policy must notify Fancy Feet Dance Academy prior to participation in class. **INITIALS:** _____

Protection of Property

I understand and agree that it is my sole responsibility to safeguard my personal property while attending or participating in any classes, rehearsals, workshops, or performances. I hereby release Fancy Feet Dance Academy, its employees and dance teachers from all liability for loss or damage to my personal property while attending or participating in classes, rehearsals, workshops, or performances. I also agree to abide by any rules, regulations and policies set forth by Fancy Feet Dance Academy. **INITIALS:** _____

Medical Attention

In case of physical injury or medical emergency, I hereby authorize Fancy Feet Dance Academy to make necessary arrangements to transport myself or my child to a medical treatment facility as necessary. All such transportation and medical treatment will be at my sole cost and expense. In extreme emergency, or if my child is under 18 years of age, I understand that Fancy Feet Dance Academy will attempt to notify the person(s) I have named below as my emergency contact(s) of my condition and how to reach me. **INITIALS:** _____

Acknowledgement of Waiver

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the waiver and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the written statement, have been made. I further state that I am at least eighteen (18) years of age and am fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my or my child's participation in this activity, and that I will pay any medical costs that may be attendant as a result of injury to me or my child. **INITIALS:** _____

Payment and Tuition Policies

- Tuition is automatically taken out of your account on the 1st of the month. Autopay is the only tuition option. We do not prorate tuition for holidays or missed classes. **INITIAL:** _____
- If your card is declined and payment is not made received by the 5th you will receive a \$10 late fee. **INITIAL:** _____
- Membership is ongoing year round. **TO CANCEL MEMBERSHIP A 15 DAY NOTICE IS REQUIRED. YOU MUST FILL OUT A DROP FORM AT THE FRONT DESK BY THE 15TH OF THE PRIOR MONTH IN ORDER TO NOT BE CHARGED ON THE 1ST. IF YOU TURN IN YOUR DROP FROM PAST THE 15TH OF THE MONTH YOU WILL STILL BE RESPONSIBLE FOR NEXT MONTH'S TUITION.** **INITIAL:** _____
- 2 make-ups are permitted per month and must be scheduled with the front desk and cannot be carried over to the next month. **INITIAL:** _____
 - I understand these fees are non-refundable and non-transferable **INITIAL:** _____

Parent or Guardian Print Name: _____

Parent/Guardian Signature: _____ **Date:** _____