

PLEASE FILL OUT THE FOLLOWING CONTACT INFORMATION:		
DANCER NAME		NUTCRACKER REGISTRATION FEE - \$30
		PILATES - \$40/MONTH FOR COMP DANCERS
BIRTHDATE		1 CLASS PER WEEK - \$70/month
PARENT'S NAME		2 CLASSES PER WEEK - \$119/month (15% off)
		3 CLASSES PER WEEK - \$168/month (20% off)
ADDRESS		4 CLASSES PER WEEK - \$210/month (25% off)
		5 CLASSES PER WEEK - \$245/month (30% off)
EMAIL		6 CLASSES PER WEEK - \$273/month (35% off)
PHONE		After SIX classes, each additional class
FIIONL		add \$12 per month:
EMERGENCY		7 CLASSES PER WEEK - \$285/month
CONTACT NAME		8 CLASSES PER WEEK - \$297/month
DELATION /DUONE #		9 CLASSES PER WEEK - \$309/month 10 CLASSES PER WEEK - \$321/month
RELATION/PHONE #		11 CLASSES PER WEEK - \$321/Month 11 CLASSES & UP PER WEEK - \$333/month
		11 CLASSES & OF FER WEER - \$555/IIIOIIIII
CHECK HERE	IF THE ABOVE INFO HAS NOT CHANGED	DROP-IN CLASS: \$25
		ADULT PILATES: 1 CLASS PER WEEK: \$100/MONTH
CHECK HERE	IF PAYMENT INFO HAS NOT CHANGED	
REMISES, INVOLVES RISKS O UCH RISKS. IN CONSIDERATI VHETHER OR NOT AT THE 'ARTICIPATION IN ANY WAY, NDEPENDENT CONTRACTORS IEIRS AND NEXT OF KIN FOR A ROPERTY, INCLUDING INJUR 'ARTIES OR ANYONE ELSE, WH TUDENT ALSO HEREBY AGREE OF STUDENT IN, UPON, ABOU OTHERWISE OF STUDIO PART OTHER CONDITION THAT COU LIAS CONSULTED A PHYSICIAN IEALTH. SUCH RISK OF INJUR IEALTED EVENTS, INJURIES AN ORN MUSCLES AND LIGAME IGREES THAT FOREGOING RE IALIFORNIA AND THAT IF ANY FFECT. STUDENT/PARENT/GL TATEMENTS, OR INDUCEMENT ILATES CENTRE, LLC AUTOMA INDUCENTISING AND PUBLICITY ONNECTION WITH PROMOT VAIVER OF LIABILITY AND INE	F INJURY TO PERSONS AND PROPERTY, INCLUDING THOSON FOR BEING ALLOWED TO ENTER THE STUDIO AND/O STUDIO, INCLUDING. BUT NOT LIMITED TO, INSTRUCT STUDENT AGREES TO THE FOLLOWING: STUDENT HERE AND AGENTS (STUDIO PARTIES) HARMLESS FROM ALL LIA MAY LOSS AND/OR DAMAGE, AND WAIVES ANY CLAIM OR Y LEADING TO THE DEATH OF STUDENT, WHETHER CAU HILLE STUDENT IS IN, UPON OR ABOUT STUDIO PREMISES O ES TO INDEMNIFY STUDIO PARTIES FROM ANY LOSS, LIABILITY STUDIO PREMISES OR OBSERVATION OR PARTICIPATION OR PARTICIPATION OR ELSE YOU REPRESENT (A) THAT STUDEN LID PREVENT STUDENT FORM DANCING AND/OR EXERCISING SUCH YOUR CONCERNING A DANCE AND/OR EXERCISE PROGRAM TO YINCLUDES (BUT IS NOT LIMITED TO) INJURIES ARISING HOME AMONG OTHERS, AND ACCIDENTAL INJURIES OCCULEASE, WAIVER AND AGREEMENT IS INTENDED TO BE ASTORYM THE PROBLEM OF PRINT ADVERTISING, EDUCATION THEREOF IS HELD INVALID, IT IS AGREED THAT HARDIAN HAS READ THIS RELEASE AND WAIVER OF LIABILITY ATS APART FROM THIS FOREGOING AGREEMENT HAVE BE ATICALLY GRANT PERMISSION TO TO THE POINT DANCE OF PURPOSES, INCLUSIVE OF PRINT ADVERTISING, EDUCATIONAL CAMPAIGNS. I HAVE READ THIS FORM IN ITS ENDOEMNITY, AND THE PARENT POLICY AGREEMENT AND AGREE	ANCE & PILATES CENTRE, LLC STUDIO FACILITIES, SERVICES, EQUIPMENT OF SE DESCRIBED BELOW, AND STUDENT ASSUMES FULL RESPONSIBILITY FOR OR TO PARTICIPATE IN ANY RELATED STUDIO EVENTS, FOR ANY PURPOSE ITION OBSERVATION, USE OF FACILITIES, SERVICES OR EQUIPMENT, OF BY RELEASES AND HOLDS STUDIO, ITS DIRECTORS, OWNERS, EMPLOYEES, BILITY TO STUDENT AND STUDENT'S PERSONAL REPRESENTATIVES, ASSIGNS DEMANDS THEREFORE, ON ACCOUNT OF INJURY TO STUDENT'S PERSON OF PARTICIPATION IN ANY STUDIO EVENT WHETHER OR NOT AT THE STUDIO ILITY, DAMAGE OR COST STUDIO PARTIES MAY INCUR DUE TO THE PRESENCION IN ANY STUDIO ACTIVITY WHETHER CAUSED BY THE NEGLIGENCE OF IT IS IN GOOD PHYSICAL CONDITION AND HAS NO DISABILITY, ILLNESS, OF ING WITHOUT INJURY OR IMPAIRMENT OF HEALTH, AND (B) THAT STUDENT'S FROM DANCE AND/OR EXERCISE ACTIVITIES AT THE STUDIO OR AT STUDIO IS AS HEART ATTACKS, STROKES, HEAT STRESS, SPRAINS, BROKEN BONES AND URRING ANYWHERE IN STUDIO FACILITIES. STUDENT FURTHER EXPRESSING INFORMATION INCLUSIVE AS IS PERMITTED BY THE LAW OF THE STATE OF IT THE BALANCE SHALL, NOTWITHSTANDING, CONTINUE IN FULL FORCE AND INTERMINITY CLAUSE AND AGREES THAT NO ORAL REPRESENTATIONS BEEN MADE. PUBLICITY RELEASE: STUDENTS OF TO THE POINTE DANCE SEEN MADE. PUBLICITY RELEASE: STUDENTS OF TO THE POINTE DANCE SEEN MADE. PUBLICITY RELEASE: STUDENTS OF TO THE POINTE DANCE SEEN MADE. PUBLICITY RELEASE: STUDENTS OF TO THE POINTE DANCE STATIONAL VIDEOS, TELEVISION, VIDEO TAPING, OR FILM BROADCAST IN TRITETY INCLUDING THE ABOVE CONDITIONS OF PARTICIPATION RELEASE THE PROMISES AND OBLIGATIONS OF THE STUDENT ARE MY PROMISES AND THE PROMISES AND OBLIGATIONS OF THE STUDENT ARE MY PROMISES AND THE PROMISES AND OBLIGATIONS OF THE STUDENT ARE MY PROMISES AND THE PROMISES AND OBLIGATIONS OF THE STUDENT ARE MY PROMISES AND THE PROMISES AND OBLIGATIONS OF THE STUDENT ARE MY PROMISES AND THE PROMISES AND OBLIGATIONS OF THE STUDENT ARE MY PROMISES AND THE PROMISES AND OBLIGATIO
STUDENT NAME		RELATIONSHIP TO STUDENT DATE

SIGNATURE

LEGAL GUARDIAN (PRINT NAME)



□ AUTHORIZATION FOR AUTOMATIC PAYMENT

In order to authorize this policy you must complete this form. In doing so, your payment will automatically be deduced on the last day of each month unless we receive payment of cash or check prior to the last day of the month. Payment will appear on your account verifying funds were accepted. You may also choose to receive receipt of payment in an email. This authorization will remain in effect until you notify us in writing 30 days prior that you wish to terminate the authorization. If for whatever reason payments cannot be processed, and your account balance remains overdue your enrollment in classes will be cancelled.

I authorize To the Pointe Dance & Pilates Centre, LLC to initiate electronic payments for the balances due on my account. I understand that payments will automatically made throughout the year for any tuition balance due on my account. I understand that the payment amounts may vary as classes are added/ dropped and as other charges/payments are applied to my account.

☐ AUTHORIZATION FOR DROP—IN PAYMENT

SIGNATURE

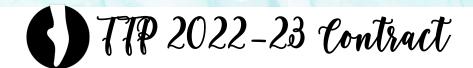
ηts.

I authorize to the Po	ointe Dance & Pilates, LLC, to initiate	electronic payment for all drop-in paymer
PAYMENT INFORM	IATION	
CHILD'S NAME		
CREDIT CARD TYPE	CARD NUMBER	EXP DATE
ACCOUNT HOLDER'S NAI	ME	

DATE



CLASS TITLE	DAY	TIME	TEACHER
NUTCRACKER REGISTR	ATION \$30 YES	S D NO D	
ARE YOU ON A HIGH S	CHOOL DANCE T	ΓΕΑΜ? YES □	NO □



STUDIO & COMPETITION POLICY CONTRACT

PER TO THE POINTE'S STUDIO POLICIES, I UNDERSTAND AND AGREE TO HAVING A CREDIT CARD ON FILE FOR AUTO TUITION WHICH WILL BE DRAWN ON THE LAST DAY OF THE MONTH FOR THE PRECEDING MONTH. IF I WISH TO PAY WITH ANOTHER METHOD THAN THE CARD ON FILE, I MUST DO SO BEFORE THE LAST DAY OF THE MONTH. I UNDERSTAND AND AGREE THAT TUITION WILL NOT BE PRORATED FOR STUDIO CLOSURES OR BREAKS (SEE TUITION POLICY FOR DETAILS).

I UNDERSTAND AND AGREE THAT I AM SUBJECT TO A \$5 FEE FOR ALL DECLINED PAYMENTS. I UNDERSTAND AND AGREE THAT I AM SUBJECT TO A \$5 LATE FEE FOR EACH WEEK THAT TUITION IS LATE. I UNDERSTAND AND AGREE THAT I MUST GIVE A 30-DAY NOTICE IN ORDER TO DROP A CLASS AND/OR STOP TUITION. I UNDERSTAND AND AGREE THAT ALL MAKE-UP CLASSES MUST BE DONE WITHIN 30 DAYS OF THE MISSED CLASS.

PER TO THE POINTE'S COMPETITION POLICIES, I UNDERSTAND AND AGREE THAT MY CHILD WILL FILL ALL CLASS REQUIREMENTS IN ORDER TO BE ON TEAMS. I UNDERSTAND AND AGREE THAT MY CHILD IS REQUIRED TO ATTEND AND FEES MUST BE PAID FOR ALL MANDATORY COMPETITIONS/CONVENTIONS (IN RELATION TO MY CHILD'S TEAM) I UNDERSTAND AND AGREE THAT ALL COMPETITION FEES ARE DUE BY THE DEADLINES PROVIDED BY TTP. THESE FEES ARE NON-NEGOTIABLE.

I UNDERSTAND AND AGREE THAT I AM SUBJECT TO LATE FEES IF THESE PAYMENTS ARE NOT RECEIVED, AND/OR MY CHILD CAN BE PULLED FROM THE DANCE. I UNDERSTAND AND AGREE THAT ALL COSTUMES MUST BE PAID IN FULL BY THE DUE DATE PROVIDED BY TTP. THESE AMOUNTS ARE NON-NEGOTIABLE, AND ARE SUBJECT TO LATE FEES IF NOT PAID. COSTUMES WILL NOT BE GIVEN OUT IF THEY ARE NOT PAID FOR. I UNDERSTAND AND AGREE THAT MY CHILD WILL ATTEND ALL REQUIRED REHEARSALS AND CHOREOGRAPHY CLASSES FOR THEIR TEAM UNLESS EXCUSED (SEE POLICIES). I UNDERSTAND AND AGREE THAT IN ORDER TO BE REGISTERED FOR A SOLO/DUET/SPECIALTY DANCE FOR COMPETITION I MUST NOTIFY TAYLOR BY THE DEADLINES GIVEN. I UNDERSTAND AND AGREE TO HAVING A CREDIT CARD ON FILE FOR PRIVATE RENTALS WHICH WILL BE DRAWN ON THE DAY OF PRIVATE. IF CANCELLATION IS LESS THAN 24 HOURS IN ADVANCE OF BOOKING TIME I WILL BE CHARGED THE FULL RENTAL FEE

I UNDERSTAND AND AGREE THAT ALL COMPETITION FEES ARE NON-REFUNDABLE. I UNDERSTAND AND AGREE THAT I AM COMMITTING TO ALL EXPENSES AND EVENTS ASSOCIATED WITH THE TEAM AND DANCES IN WHICH MY CHILD IS PARTICIPATING.

LUNDERSTAND ALL COMPETITION DA TO JULY 31.	NCERS MUST BE ENROLLED IN REQUIRED CLASSES FROM AUGUST
CHILD'S NAME	DATE
PARENT'S NAME	 SIGNATURE