

On Pointe Dance Company

Registration Form

Child Name: _____ Date of Birth: _____ Grade: _____

Parent/Guardian Name: _____ Relationship: _____

Mailing Address: _____ City, State, Zip: _____

Email Address: _____ Primary Phone: _____

Class Enrollment:

- | | | |
|--|------------|----------------|
| <input type="checkbox"/> Boys Hip Hop: Ages 3-10 | \$30/month | \$240/year |
| <input type="checkbox"/> Tiny Tots: Ages 3 | \$35/month | \$280/year |
| <input type="checkbox"/> Dancing Divas: Ages 4 | \$35/month | \$280/year |
| <input type="checkbox"/> Little Leapers: Ages 5-6 | \$35/month | \$280/year |
| <input type="checkbox"/> Twirling Tykes: Ages 6-7 | \$40/month | \$320/year |
| <input type="checkbox"/> Mini Movers: Ages 7-8 | \$40/month | \$320/year |
| <input type="checkbox"/> Jazzy Juniors: Ages 9-10 | \$40/month | \$320/year |
| <input type="checkbox"/> Middle School: Ages 10-14 | \$40/month | \$320/year |
| <input type="checkbox"/> High School: Ages 14-18 | \$45/month | \$360/year |
| <input type="checkbox"/> Junior Lyrical: Ages 9-12 | \$30/month | \$240/year |
| <input type="checkbox"/> Senior Lyrical: Ages 12-18 | \$30/month | \$240/year |
| <input type="checkbox"/> Intro Hip Hop: Ages 6-8 | \$30/month | \$240/year |
| <input type="checkbox"/> Junior Hip Hop: Ages 9-12 | \$30/month | \$240/year |
| <input type="checkbox"/> Senior Hip Hop: Ages 12-18 | \$30/month | \$240/year |
| <input type="checkbox"/> Private Lessons: Ages 10-18 | \$18/hour | Billed Monthly |

Total: _____

Payment Options:

- Annually – Save 5%!
- Semi-Annually
- Monthly

Forms of Payment Include:

- Check: Mail to studio or hand to teacher in person.
- Cash: Only hand to teacher in person, do not mail cash.
- Automatic withdrawal from your checking account. Must fill out separate Authorization form.

Please fill out this enrollment form, the emergency contact form, and the liability waiver and mail to:
44564 180th St Delavan, MN 56023

Or place in our mailbox at the dance studio on Main Street in Blue Earth

Payments are due by the first day of class in September.

Please make checks payable to: On Pointe Dance Company

If paying annually, please include a check for the full year's tuition – less 5%.

If paying semi-annually, please include a check for the months of September-December.

If paying monthly, please include a check for the first month's tuition.

*If enrolling multiple students, please fill out separate forms for each student. However, you may pay with one check for all students.

On Pointe Dance Company Emergency Contact Form

Student's Name: _____

Emergency Contact #1

Name: _____ Relationship: _____

Home: (____) _____ Cell: (____) _____ Work: (____) _____

Email: _____

Emergency Contact #2

Name: _____ Relationship: _____

Home: (____) _____ Cell: (____) _____ Work: (____) _____

Email: _____

Family Medical Insurance:

Carrier: _____ Group: _____

Policy #: _____ Group #: _____

Family Physician's Name: _____

Physician's Phone: (____) _____ Preferred Hospital: _____

Hospital utilized in an emergency: Blue Earth UHD: 515 S Moore St, Blue Earth, MN 56013

Allergies: _____

Serious Medical Conditions: _____

We hereby grant consent to any and all health care providers designated by On Pointe Dance Company to provide my child _____ any necessary medical care as a result of an injury/illness. This consent includes First Aid and transportation to/from health care providers if necessary.

(Date)

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

On Pointe Dance Company

RELEASE OF LIABILITY, WAIVER OF LIABILITY, ASSUMPTION OF FULL RESPONSIBILITIES FOR ALL RISKS OF BODILY INJURY, DEATH OR DAMAGES AND MEDIA RELEASE

1. **Certification.** I, the undersigned, hereby certify and warrant that I am the Parent/Guardian of the participant listed below, a minor, and have full authority to authorize this Consent and Liability Release Agreement, which I have read and approved.

2. **Assumption of Risk.** I understand that my presence and my child's presence on the Premises and our participation in the On Pointe Dance Company can expose us to dangers both from known risks and unanticipated risks. I willingly and voluntarily assume these risks, including the risk of negligent conduct, on behalf of both me and my child. I recognize that negligent conduct can cause property damage and bodily injury, including serious injury or death. In addition to risks associated with being on the Premises and my child's general participation, I acknowledge that participation in the On Pointe Dance Company may entail physical activities, including, without limitation, dancing, jumping, running, stretching and other dance-related movements. Such activities and participation expose my child to dangers and risk of injury from numerous sources including, without limitation, muscle strains and tears, broken bones, head injuries, rough play, interactions with other On Pointe Dance Company participants, and other severe injuries and even death. I agree that the only way to avoid the risk of participation is for my child not to participate. I understand that once my child's participation begins, the risk can no longer be avoided.

3. **Release, Covenant and Waiver.** For myself, my spouse, my heirs, personal representatives and assigns, I hereby release, waive, discharge and covenant not to sue On Pointe Dance Company, Maija Brown, and class participants, or their officers, directors, members, instructors, volunteers, owners, successors, assigns, agents, employees, representatives, affiliates, and insurers (collectively, "**Released Parties**"), from any and all claims or liability arising out of bodily injury or property damage suffered, including, without limitation, any claim arising out of any condition on the Premises or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity associated with the Class. I am specifically releasing the Released Parties, individually and collectively for their negligence in any form. In signing this release, I FULLY RECOGNIZE THAT IF MY CHILD OR I ARE HURT, HAVE A LOSS AS A RESULT OF AN INJURY, AND/OR PROPERTY IS DAMAGED WHILE ON THE PREMISES OR IN REGARD TO THE CLASSES, WE WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST THE RELEASED PARTIES EVEN IF THEY OR ANY OF THEM CAUSED OUR INJURY OR DAMAGE BY THEIR NEGLIGENCE. The term "**Class Participants**" shall include any person or entity along with their officers, directors, members, owners, successors, assigns, agents, employees, representatives, affiliates, and insurers that are in any way associated or connected with the Premises or Classes including, without limitation, experts, teachers, volunteers, parents, supervisors, and all persons present in or around the Premises for On Pointe Dance Company.

4. **Indemnity.** I agree on behalf of myself, my spouse, and my child to indemnify and hold harmless the Released Parties as to all lawsuits, claims, damages, and costs and attorneys' fees, including claims as to Released Parties' sole or contributory negligence, which arise out of my presence and my child's presence on the Premises, our involvement in the Classes, and/or our violation, including my representative's violation, of any provision of this Agreement. As I am releasing any claim my child's or my family, guardian, and/or representative, including our respective estates, might wish to make by reason of our injury or death, this indemnity obligation shall specifically apply to such actions on my child's or my behalf and/or any such actions resulting from my child's or my injury or death.

5. **Media Release.** I also give my consent to Maija Brown to use photos of me or my child in publicity for On Pointe Dance Company. These photos may be used in brochures, advertising, on the Facebook page, website, or internet.

CAUTION! READ THIS RELEASE! YOUR LEGAL RIGHTS ARE AFFECTED.

Participant - Printed Name: _____

Address: _____ **Current Age:** _____

City/State/Country: _____ **Postal Code/Zip:** _____

I, the undersigned, hereby warrant that I am the Parent/Guardian of the Child Participant listed above, a minor, and have full authority to authorize the above Release on behalf of both me and my child, which I have read and approved.

Signature of Parent or Guardian: _____

Printed Name of Parent or Guardian: _____ **Date:** _____

Address (If different than above): _____

On Pointe Dance Company Recurring ACH Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account. Please complete and sign this form.

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time, energy, and postage)
- Your payment is always on time (even if you're busy or out of town), eliminating late charges

Here's How Recurring Payments Work: You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. The charge will appear on your bank statement as an "ACH Debit." You will also receive an invoice halfway through the season and again after the spring recital. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize **On Pointe Dance Company** to electronically debit my
(full printed name)

account and, if necessary, to electronically credit my account to correct erroneous debits) as follows, indicated below for \$ _____ on the **1st** of each month for payment.

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Checking / Savings Account

Please circle one of the following: Checking Savings
Please circle one of the following: Consumer Non Consumer (Business)

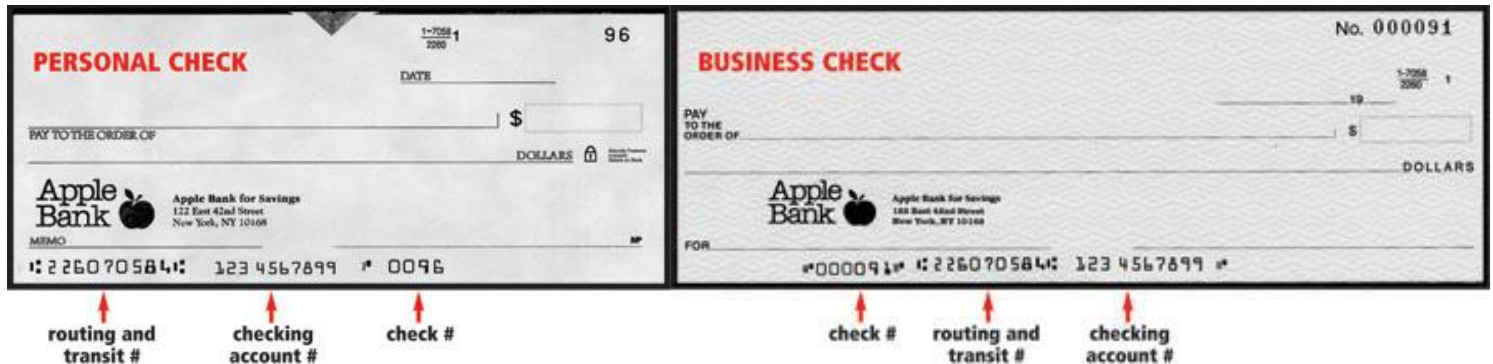
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



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On Pointe Dance Company
Recurring ACH Payment Authorization Form

I understand that this authorization will remain in full force and effect until I cancel it in writing, and I agree to notify **On Pointe Dance Co.** in writing of any changes in my account information or termination of this authorization at least **15** days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. laws and other applicable laws. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

For Business accounts, the Company agrees to be bound by the NACHA Rules. ***"Rules" means the rules of the National Automated Clearing House Association (NACHA) and Appendices to the rules of NACHA, as amended from time to time.***

Signature: _____ Date: _____