



Enrollment Registration - Terms & Conditions

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NAME:		DATE OF BIRTH:		EMAIL ADDRESS:			
PARENT'S NAME IF STUDENT IS UNDER (18) YEARS OF AGE:		HOME PHONE:		EMERGENCY CONTACT NAME & PHONE:			
ADDRESS:		CELL PHONE:					
CITY STATE	ZIP	WORK PHONE:		Registration Fee:	\$		
Today's Date:	1 1			Costume Deposit:	\$		
Billing Date:	1 1	1		First Months Tuition:	\$		
Payments: Monthly Trimester	Annual	Check	Credit Card	Last Months Tuition:	\$		
Amount Paid:	\$	Cash	Auto Withdrawal	Amount Due:	\$		
How Did You Hear About DVDA: Yellow Pages Web Post Card Bumper Sticker ValPak / \$\$Mailer Newspaper Yard Sign / Drive By Referral Other Notes:							
Class Desired: Day / Time: Class Desired: Day / Time: Class Desired: Day / Time:							
1. ASSUMPTION OF RISK AND WAIVER: I, the undersigned parent/guardian of the participant listed above, do hereby give permission for her/him to participate in dance classes at DVDA. I understand that there is the possibility of physical injury. I hereby waive, release and forever discharge any and all rights and claims for damages which may arise now or in the future against any DVDA representative. I authorize DVDA to use their best judgment in any emergency.							
2. RULES: Rules and safety requirements must be followed. Any student not following the guidelines may be removed without refund or reimbursement to the student, parent or guardian.							
3. RELEASE: I hereby give permission for my child to be used in photographs and/or videos for promotional and marketing purposes of DVDA.							
4. TUITION PAYMENT POLICY: All tuition payments are due the 1st of each month. Payments made after the 7th of the month will be assessed a \$25 late fee. At registration, all students will provide Credit Card information. Payments not received by the 15th of the month will be charged to the credit card on file. There are no tuition refunds for missed classes or discontinuance of classes. Make-up classes are strongly encouraged and can be taken during any appropriate level class prior to the end of term.							
5. RETURNED CHECK FEE: All returned checks will be assessed a \$45 service fee.							
6. BUYERS RIGHT TO CANCEL: If you wish to cancel your enrollment you may cancel using one of the following two methods only: (1) deliver a "Notice of Withdrawal" form to Delaware Valley Dance Academy in person, or (2) mail a "Notice of Withdrawal", certified mail, return receipt requested. The notice must be signed and dated. As stated above, you fully understand that 30 days after the date that we receive your cancellation notice, all billing will cease and your enrollment in DVDA will be cancelled. Except as provided elsewhere in this agreement, buyer shall not be relieved of his/her obligation to make monthly payment, and no deduction or allowance from any such payment shall be made because of student's failure to attend class or use DVDA's facilities. "NOTICE OF WITHDRAWAL" FORM MUST BE COMPLETED AND ALL OUTSTANDING FEES PAID IN FULL IN ORDER TO CLOSE AN ACCOUNT.							
Student's/Parent's Signature:					Date:		
DVDA Signature:					Date:		



Credit Card Authorization Form

Parent/Guardian Name:	
Student Name:	
Start Date:	
I authorize Delaware Valley Dance Academy to bill my Credit Card as appropriate, in accordance with DVDA tu policy, for services rendered to me or a member of my family. I understand that the Credit Card listed below w charged for Monthly, Trimester or Late Payments. All monthly and trimester payments will be charged on or a the 1st day of the month.	ll be
MasterCard: Visa: Discover: AMERICAN DISCOVER DISC	
Card Holder Name:	
Card Holder Signature:	
Card Number: Card Verification Code (CVC2):	_
Card Expiration Date:	
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Attach a copy of the Credit Card to this form.	



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Delaware Valley Dance Academy ("the Studio") has put in place preventative measures to reduce the spread of COVID-19; however, the Studio **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending the Studio could <u>increase</u>** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Studio and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Studio may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Studio employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Studio or participation in Studio programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Studio, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Studio, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Studio program.

Signature of Parent/Guardian	Date			
Print Name of Parent/Guardian	Name of Studio Participant			
Name of Additional Participant	Name of Additional Participant			