

555 S. Broad Street, Glen Rock, NJ 07452

Mailing Address: P.O. Box 214, Franklin Lakes, NJ 07417 Tel: (201) 791-8873 | Email: contact@dancedesignsstudio.com

## Register Online:

https://app.thestudiodirector.com/dancedesignsstudio/portal.sd?page=Login

## **Registration Form**

Student Name			
Billing Name			
		City	, NJ Zip
Code			
Birthdate	Age	Cell# ()	
Home# ()		Work# (	)
Email:	@		
Preferred Contact:(Circle above):	•	iness ,Emergency contact	(other than listed
Phone# ()-	ed by	How did you h	near about Dance Designs?
	R	Requested Classes	
(All classes are subject to	availability and level-app	propriate eligibility. Classes withou	out sufficient registration may be consolidated)
Class name	Day	Time	Pricing Information for Office Use Only
1)			
2)			
3)			
4)			
Circle Form of Payme**Venmo Username:			nount : \$

Mail Checks to: Dance Designs P.O. Box 214, Franklin Lakes, NJ 07417



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Inc. (Da	ondition of <b>my/my child's</b> participation in and enrollment at Dance Designs by Carol Baskinger, ance Designs), I do hereby agree to the following: (Parent/Guardian
or Adult S	Student Name)
	I am the lawful parent or guardian of (Child's Name, if applicable) I understand and agree to the payments and due dates listed. Failure to adhere to the set schedule will result in a late fee. If my account becomes more than 30 days delinquent, Dance Designs reserves the right to exclude <b>me/my</b> child from class until the account is up to date. Returned checks are subject to a \$35 fee.
3.	I understand that there are no refunds issued. Missed group lessons may be made up during other regularly schedule group classes within two weeks of an absence provided that a) the make up class is during the same semester as the missed lesson, b) make-up class must be within the same genre and level of the missed class, c) the lesson in which the make-up is taken has available space. There will be no refunds or credits given for missed classes.
4.	I understand that participation in the courses, shows, demonstrations, and rehearsals, which are part of my enrollment with Dance Designs, may subject <b>me/my child</b> to injury. Notwithstanding the risk of injury, I do hereby agree to hold Dance Designs and its employees, instructors, agents, servants, officers, and directors, harmless as to any injuries, losses, or damages which may be suffered by <b>me/my child</b> as a result of participation in or enrollment at Dance Designs and I further hold each of them harmless as to any liability and responsibility arising from any incident which may cause any damage, injury, or loss to me or my child.
5.	I also understand that Dance Designs may, from time to time, engage in classes, courses, shows demonstrations, and rehearsals which may require transportation by employees, instructors, agents, servants, officers, or directors of Dance Designs. I agree to hold Dance Designs and its employees, instructors, agents, servants, officers, or directors harmless and to indemnify them for any and all damages, injuries and losses, which may result from such transportation.
6.	I acknowledge that I/my child shall be receiving instructions or lessons given by instructors employed by Dance Designs. I agree to hold Dance Designs and its employees, instructors, agents, servants, officers, or directors harmless and to indemnify them for any and all losses, injuries, or damages that may be suffered by me/my child as a result of such instruction or lessons.
7.	All classes are subject to change without notice.
8.	This agreement shall be binding upon the parties and their heirs, successors, administrators, executors, & assigns.
	I have read and understood each and every term and condition as set forth herein.
	X

Parent/Guardian Signature

Date

## DANCE DESIGNS —studio—

	xCarol Baskinger
Date	Dance Designs by Carol Baskinger, Inc.