

Barriskill dance theatre school

Youth Registration Form 2011-2012 *print and complete this form with your payment to guarantee a place in class. Auto-pay students should include a signed authorization included below.*

PLEASE REMEMBER TO INITIAL AND SIGN IN DESIGNATED LOCATIONS

Parent # 1 First name		Last name	
Address			
City/State		Zip	
Home phone		Cell phone	
Work phone			
E-Mail: (CLEARLY PLEASE)			
Secondary Contact First Name		Last name	
Home phone		Cell phone	
Work phone		Relationship	
Student First Name		Last name	
Student Address			
City		State/Zip	
Home Phone		E-Mail	
Gender		Birth date	
School & Grade			
Grade		School	
Disabilities			
Primary Physician & Phone			

Class name	Day	Time

Youth Tuition-the academic year tuition is divided into 9 equal payments and is based on the number of hours of class the student attends each week

Registration Fee \$30 for 1 child (\$20 each additional) Sibling 5% OFF on lower tuition

hrs per week	30 min	45 min	1.0 hr	1.25	1.5	1.75	2.0	2.25	2.50	2.75	3.0	3.25	3.5	3.75	4.0	4.25	4.5	4.75	5	un limited
\$ per payment	56	67	74	87	105	111	119	127	140	145	151	160	170	174	180	182	186	190	195	230

Tuition Payment Policies:

1. Tuition is non-refundable after it is paid or debited on the first of the month
2. **Discontinuation of debiting must be made in writing and in person at least one week prior to the beginning of the next month**
3. All students must pay a registration fee (except adults)
4. Re-registration will result in a new registration fee
5. Tuition cannot be "frozen" to hold a space when a class is full
6. There is a \$25 charge for returned checks
7. "Non-auto debit" students must pay by trimester system (3 months in advance)
8. Late monthly payments (after 10 days) will receive a \$20 late charge.

PLEASE REMEMBER: TUITION IS ABSOLUTELY NON-REFUNDABLE ONCE IT HAS BEEN DEBITED OR PAID. I ACKNOWLEDGE THAT I HAVE READ THE ABOVE TUITION STATEMENT AND THE POLICIES STATEMENT OF THE BDTS AS STATED AND UNDERSTAND AGREE TO ITS TERMS.

X _____
signature financial guarantor

AUTOPAY AUTHORIZATION: BILLING USUALLY OCCURS THE FIRST OF EACH MONTH. I HEREBY AUTHORIZE BDTS TO CHARGE MONTHLY TUITION TO MY CREDIT CARD AS IT APPEARS ABOVE. I UNDERSTAND THAT TUITION, ONCE CHARGED, IS NON-REFUNDABLE.

X _____
signature financial guarantor

- Checks or Cash : Due at registration: registration fee (\$30) + 3 months tuition in advance
- Credit/Debit: Charged at registration: registration fee (\$30) + 3 month tuition (No American Express)
- Credit Card # _____ exp date _____ billing zip _____

Registration fee	\$30 (1st child)
Monthly tuition(first & last if by check)(see fee schedule) calculate 5% Sibling discount if applicable	
Total due at registration	

Make any checks payable to BDTS and mail to: 3642 Shannon Rd. Durham, NC 27707

**over for waivers
needing signatures**



Barriskill

dance theatre school

Waiver of Liability and Publicity Release

*Waiver must be signed and returned with
registration form before student starts class*

Understanding of Policies and Tuition Policies:

I read, understood and acknowledge the policies of BDTS and agree to its terms. I also understand and acknowledge that tuition is absolutely non-refundable once it has been debited/charged or paid, except in the case of serious disability accompanied by a physician's signed confirmation letter of explanation

_____ **student's name**

_____ **parent's signature**

Waiver of Liability

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on behalf of myself), I assume the risk and agree the Barriskill Dance Theatre School ("BDTS") shall not be liable in any way for injuries sustained during attendance at the school or any of its related functions. I also understand that good dance training involves touching and adjustment of the student's body by the instructor.

_____ **student's name**

_____ **parent's signature**

The two releases above must be signed before any child starts classes at BDTS

Publicity Release

I hereby authorize the Barriskill Dance Theatre School ("BDTS") to record the student's picture and/or voice on photographs, films and tapes and to edit these recordings at its discretion and to incorporate these recordings into movie and sound films on tape, radio or television broadcast programs. I also give permission for BDTS to use and license others to use the materials in any manner or media whatsoever. BDTS is permitted to use these materials for publicity, advertising and sales promotion and to use the student's likeness and voice and biographic or other information in connection with them. I acknowledge that no promises of compensation were made by BDTS for such use.

_____ **student's name**

_____ **parent's signature**