

Student Information

Student Name _____ Student Date of Birth _____
 Email Address _____
 Billing Address _____
 Parent's Name(s) _____ Parent Phone (s) _____

Emergency Contact

Name _____
 Relation to Student _____
 Phone No. _____

Class Enrollment Information

Class Name _____
 Monthly Tuition _____
 Registration Fee (choose one) \$25 (Recreational Class) \$40 (Performance Group)
 Days/Week _____

For a full list of classes visit
[identitydance.com/
 classes.html](http://identitydance.com/classes.html)

About Tuition Payments
 Tuition is based on the entire dance year, but for your convenience, may be paid monthly. Tuition payments are due on the 5th of each month. Bills will not be mailed. Accounts may be paid by check, cash, or credit card (paypal) during regular office hours. A late fee of \$10 will be levied on any balance not paid by the 15th of each month. Registration Fees are \$25 for recreational classes and \$40 for performance groups. All outstanding balances must be paid IN FULL prior to the end of semester production. Feel free to **contact us** with any questions!

About Participation/Absences
 Absences MUST be reported to the director and/or teacher prior to class. Classes are subject to cancellation or rescheduling at the studio's discretion, following all Springfield School District regulations for weather conditions. All students enrolled in performance groups must participate in fundraising events, including sponsorship advertisements for the program. A student may be suspended or expelled based on behavior or failure to comply with studio policies. Feel free to **contact us** with any questions!

I, the undersigned, acknowledge that I have read the above paragraph, that I understand it, and that I have discussed with my physician the exercise, dance, and physical/emotional illnesses or injuries I or my child have. I agree to be solely responsible for any and all injuries, damages, and expenses incurred by me and/or my child as a result of participation in any classes at the studio, or outside performances. I further agree not to hold the Breakdown Dance Company or its staff responsible in any way for injury.

 Signature (of Parent or Guardian if under 18) _____ Date _____

Please complete this form, print it, and mail with tuition to: 1479 Mohawk Blvd., Springfield, OR 97477. Thank you!