

# Joy McDaniel Academy of Dance and Gymnastics

## 2015-2016 Registration



### Student Information *(Please Print Clearly)*

Child's Name _____ Birthdate _____ Age _____ Grade _____ <i>(As of August 2015)</i> Previous Dance/Gymnastics Experience: No. of Years: _____ Teacher: _____	<i>(Office Use Only)</i>
Child's Name _____ Birthdate _____ Age _____ Grade _____ <i>(As of August 2015)</i> Previous Dance/Gymnastics Experience: No. of Years: _____ Teacher: _____	<i>(Office Use Only)</i>
Child's Name _____ Birthdate _____ Age _____ Grade _____ <i>(As of August 2015)</i> Previous Dance/Gymnastics Experience: No. of Years: _____ Teacher: _____	<i>(Office Use Only)</i>

### Contact Information *(Please Print Clearly)*

Parent's Name _____			
Address _____			
City _____	State _____	Zip _____	
Primary Phone _____	Secondary Phone _____		
E-mail _____ @ _____			
<i>JMAD communications will be sent to this email address. Please list one that is checked regularly and notify the studio of any changes in your email address.</i>			

### Additional Information *(Please Print Clearly)*

### Office Use Only

<b>Forms on File:</b> <input type="checkbox"/> Medical Information <input type="checkbox"/> Parent Contract <input type="checkbox"/> EFT	<b>Payment Option:</b> <input type="checkbox"/> Annual <input type="checkbox"/> EFT <input type="checkbox"/> Monthly (Cash/Check/Debit/Credit)
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## MEDICAL INFORMATION

Student's Name \_\_\_\_\_

Please list any medical conditions and allergies:

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In the event of accident or illness involving \_\_\_\_\_ (student's name), I will be notified immediately. In the event that I cannot be contacted, I hereby designate \_\_\_\_\_ (name & phone # that is not on the roll card) as the person to be contacted. I hereby give the staff of the Joy McDaniel Academy of Dance my permission to seek medical attention for my child, including treatment by physicians, hospital, or any other medical services. In such event, I further agree that the cost of such medical services shall be borne exclusively by myself.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## PARENT AGREEMENT

Student's Name \_\_\_\_\_

### General

I understand the JMAD Guidelines (incorporated here by reference) below and posted on the website. I agree my child(ren) and I will abide by the JMAD Guidelines. I understand that failure to abide by the JMAD Guidelines may result in my child(ren) being administratively withdrawn from the classes by the director of JMAD without refund of past paid tuition, recital fee, and costume payments. I understand the JMAD reserves the right to administratively withdraw a student from classes at its own discretion, without refund of past paid tuition, recital fee, and costume payments.

### Payment

- Payment Option (choose 1 of the following by placing initials by it):

1. I agree to pay the full year's tuition in advance by August 20, 2015 and save 10% off of the lowest fee schedule (this option is non-refundable). Initial: \_\_\_\_\_
2. I agree to authorize JMAD to automatically withdrawal tuition from my account automatically on the 5<sup>th</sup> day of every month (Sept-May). Initial: \_\_\_\_\_
3. I agree to pay in person every month by cash, check or credit card. With this option, I understand May's tuition is due when enrolling. I understand Tuition is due the first lesson of each month, Sept-April and monthly statements will not be sent out. I understand that a late fee of \$10 will be added if tuition is not paid by the 15<sup>th</sup> of the month and I agree to pay any such fee. Initial: \_\_\_\_\_

NOTE: The first month's tuition must be paid in full at time of enrollment if student is enrolling after the 5<sup>th</sup> of the month

- In the event that my child withdraws from class, I will complete a withdrawal form & return it to the front desk before the 5<sup>th</sup> of the month. If it is after the 5<sup>th</sup> of the month, that month's tuition will already be paid (either from automatic withdrawal or from my payment for May tuition when I registered.)
- I understand that costumes are mandatory for performance in the annual recital and that the Costume prices are approximately \$60. I understand that combination dance classes will have two costumes and other classes will have one per subject. I understand the costume payments will be divided into 2 non-refundable payments due in Nov. & Feb. I understand A non-refundable recital fee is due with the costume balance in February (\$75 for one child \$95 for two or more).
- I agree to pay all costume deposits, costume balances and recital fee by the due dates. If any payments become overdue, I agree to make arrangements with the director of the Joy McDaniel Academy of Dance, Inc. to set up a payment plan. I understand that failure to pay the required costume fee and recital fee may result in my child(ren) not being able to participate in the annual recital.
- A \$25 fee will be charged to all returned checks or returned EFT withdrawals.

## **Communication**

I understand that communication from the studio will be done by email. I agree to keep a current email address on file at the front desk.

## **Attendance**

If my child will be absent from any class, I agree to call the JMAD ahead of time to let them know. I understand that there will be no refund for any missed classes nor any make-up class. I understand that if my child does not attend regular classes it may result in them being unable to participate in the annual recital.

If my child is in advanced classes, they must be enrolled no later than Nov. 1 in order to perform with their assigned level classes in our Christmas show and annual spring recital.

## **Photographs/Marketing**

I understand that photographs of my child and/or their class may be taken for the promotion of the JMAD. I agree that they may be used, but are not limited to brochures, literature, newspaper advertising, website, etc. No compensation will be provided for such use. I understand that my child's name will not be included with the photographs, unless the director of JMAD obtains separate permission from me.

## **Important Dates**

ANNUAL RECITAL – Saturday, May 21, 2016 at Germantown Performing Arts Centre  
Studio rehearsals will be on May 13 & 14 and mandatory stage rehearsals will be on May 17, 18, 19, and/or 20. (May 11 is an additional mandatory stage rehearsal day for the upper level students.)

- I agree that my child(ren) must participate in mandatory stage rehearsals in order to perform in the annual Recital.

## **Hold Harmless**

I understand that dance & gymnastics are physical activities that could cause injury. The risk of injury while participating is significant including the potential for permanent paralysis and death, and while the guidelines, equipment and personal discipline may reduce this risk, the risk of serious injury does exist and I KNOWINGLY AND FREELY AM ALLOWING MY CHILD(REN) TO PARTICIPATE AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEE or others, and assume full responsibility for my child(ren)'s participation. I for myself, my children and on behalf of my heirs, assigns, personal representative, and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS JMAD, their officers, officials, agents and/or employees, teachers, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct activities, classes and/or events (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by law arising from JMAD's activities. "Activities" include all in-house activities, as well as off-site activities, including, but not limited to nursing home shows, recitals, and rehearsals.

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Signature of parent or guardian

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Date