

# Feel the Rhythm Dance Studio 2024-2025 Registration

Returning FTR Students can register beginning May 31<sup>st</sup>.

Registration opens June 10<sup>th</sup> for any new students.

Registration Fee: **FREE** for **RETURNING** students if registration is received **by** June 9<sup>th</sup>, 2024

Registration Fee: **FREE** for **NEW** students if registration is received **by** June 20<sup>rd</sup>, 2024

Registration Fee: \$35.00 per student or \$50.00 per family **by** July 1<sup>st</sup>, 2023

Registration Fee: \$55.00 per student or \$90.00 per family **after** July 1<sup>st</sup>, 2024

**\*\*REGISTRATION WILL CLOSE SEPTEMBER 1ST, 2024 OR ONCE CLASSES HIT CAPACITY\*\***

## Annual Open House

Saturday August 17<sup>th</sup>, 2024: 12:30PM-2:30PM

Please print, fill out and mail form with fee to PO Box 571 Rostraver Twp, PA 15012

Checks made payable to **Feel the Rhythm**

**\*\*NEW FOR '24-'25 SEASON: A \$100 REFUNDABLE COSTUME DEPOSIT IS DUE BEFORE THE START OF THE SEASON. THIS WILL BE USED TOWARDS COSTUMES TO HELP BREAK UP THE COSTS -- IF FOR ANY REASON YOU QUIT, LEAVE THE STUDIO OR DECIDE TO NO LONGER DANCE, THIS IS REFUNDABLE UP UNTIL OCTOBER 1ST.\*\***

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Student's Grade (FALL '24): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contacts: 1) \_\_\_\_\_

2) \_\_\_\_\_

Previous Dance Training: Y N If yes, how many years: \_\_\_\_\_

What Styles?: \_\_\_\_\_

Allergies or Special Medical Info: \_\_\_\_\_

### Terms:

**AGREEMENT TO PARTICIPATE AND LIABILITY WAIVER:** I understand dance and related activities involve risk of injury. I do hereby fully release and discharge Feel the Rhythm, LLC, its owners, staff and related parties responsible for injuries and/or damages incurred by any of my family members while participating in classes or visiting Feel the Rhythm facilities.

**AUTHORIZATION OF MEDICAL CARE:** In case of injury or illness while participating, I authorize medical care for my child and accept full responsibility for all medical expenses.

**POLICIES AND PROCEDURES AGREEMENT:** I have read, understand, and will abide by all policies and procedures set forth by Feel the Rhythm, LLC including but not limited to; full tuition being paid by the 15<sup>th</sup> of each month, paying late fees if applicable, costumes being paid in full by assigned dates, no refunds on tuition, costumes or registration fees for any reason. If an outstanding balance remains on my account from the previous season, I must pay this in full prior to my child(ren) starting the new season.

**MEDIA RELEASE:** I understand that my signature as written below provides my acceptance and allowance of photos and videos of my child or children being used to promote Feel the Rhythm, LLC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_