



2019-2020 Registration Form

Today's Date _____

Family Name _____

How did you hear about us? (Please circle) Social Media, Family/Friends, TV, Parades, Newspaper, Driving By, Deptford Mall Sign, Other

Student 1 Information:

Name _____

Date of Birth _____ School _____

Grade: _____ Gender: Male Female

Student 2 Information:

Name _____

Date of Birth _____ School _____

Grade: _____ Gender: Male Female

Parent Information:

Parent Guardian (Circle one)

Names: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Work Phone _____

Mom's Cell Phone _____ Dad's cell phone _____

Mom's Email Address:

Dad's Email Address:

Please note all studio invoices will be sent via email. Please sign up for our informative E-Newsletters through our website at www.mulforddance.com!

Check us out on Facebook, Instagram, Twitter, and Remind!

Mulford Dance Studio

Session: ___Fall ___Summer Classes: (please list each class separately)

Student's Name	Class Name	Day	Time	Price
		Registration Fee:	\$30.00 per student \$35.00 max per family	
			Total Due Today:	\$

Policy Agreement: I understand and agree to comply with all policies and procedures of Mulford Dance Studio.

Signature Required _____

Payment Option: Full Year ___ /4 Installments ___ /2 Installments ___ /10 Installments ___

I have enclosed the registration fee, my first payment, and gym fee (if applicable).

Terms and Conditions and Health History are required to be completed

TERMS AND CONDITIONS

Payment Options- 10 Installments, 4 Installments, 2 Installments, 1 Installment
 10 Installment Plan Option: The 1st+10th Installment is DUE at Registration (along with reg fee and gym ins fee, if applicable). Then, tuition will be charged starting October 1st-5th of each month through May. Once tuition has been billed you are responsible to pay for that month whether you attend classes or not. NO REFUNDS will be given for classes not attended. Makeup classes are optional. Tuition stays the same whether it is a 3, 4 or 5 week month. Fees are calculated on an annual basis and divided into installments. Holidays have been accounted for so there will be no refunds for holidays. If you have not paid by the 10th of the month, you will be charged a \$10 late fee.

THERE ARE NO TUITION REFUNDS.

AUTOMATIC BILLING - If you have put your credit card information into your account you will be charged according to the installment plan you sign up with. Monthly installments are charged between the 1ST and 5th of the month and for the 2 or 4 installment plans within 5 days of the due date.

COSTUMES WILL BE AUTOMATICALLY CHARGED TO YOUR CARD BETWEEN NOV. 15-20, 2019.

Please read our full Tuition Rates/Policy Handbook available online.

Mulford Dance Studio

Waiver of Liability: I hereby release, indemnify and hold harmless Mulford Dance Studio, its owners, members, advisors, Board of Directors and all employees, independent contractors and agents of these parties from all liabilities, suits, claims and/or demands of any kind or nature, legal or financial, whether caused in any way by the negligence or not, arising from the participation in or observation of any Mulford activity for injuries to any person or property, whether on or off premises. The student/participant named below does voluntarily participate in any and all Mulford activities and that the student/participant and I understand that certain risks are inherent during and to and from participation and involvement with Mulford and in its various formal and informal activities. Mulford is not responsible for any lost or stolen property, at any time. Any student or parent found to be violating any of the rules, codes of conduct, or found to be disruptive to either another individual, group or Mulford faculty may be asked to leave the premises or off-site location at any time and be refused reentrance without any full or partial refund.

Photo/Media Release: I hereby understand and am fully aware that the student/participant named below may be participating in Mulford Studio activities in which I and/or the student/participant named below may be photographed or videotaped (the Property) from time to time. I hereby irrevocably grant to Mulford perpetually, exclusively and for all media throughout the world (including print, non-theatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs, sound bites or video footage taken as a result of participation in Mulford activities. I hereby agree that I will not bring or consent to others bringing claim or action against Mulford, its owners, members, Board of Directors, and all employees and agents of these parties from and against any all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities and damages whatsoever that I may hereafter have against Mulford in connection with the Property. This agreement shall not obligate Mulford to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. Mulford shall have the right to assign its rights hereunder, without my consent, in whole or in part, to any person, firm, corporation or organization.

Class Attendance: Missed classes may be made up in any group classes of the same level or lower. No refunds for missed classes.

Inclement Weather: No refunds, makeups are optional.

As the undersigned, I agree that I have read all information provided by Mulford and I have reviewed the Parent/Student Handbook. Furthermore, I have reviewed the statements concerning email correspondence and I am full aware of the implications set forth. I agree that all the information has been provided to me in a clear and concise method and any questions that I presented have been answered in an acceptable manner. I understand and agree to the contract terms and rules that are listed above:

Student Name _____ Date _____

Parent/Guardian Signature _____ Print Name _____

STUDENT HEALTH HISTORY

Due to the highly physical demands of dance and other performances it is necessary to provide the following information. Therefore it is necessary that each student and/or their guardian understand these risks. Mulford and its teachers will not be held responsible for any personal injury incurred by students. By signing this form you also agree not to hold the school, its staff or any teacher or guest teacher responsible for any injuries that the student below may incur while performing or taking classes at Mulford. Please remember that all information will be considered confidential.

Student _____

Emergency Contacts:

1. _____

2. _____

List any known allergies:

List all conditions being monitored by a physician including seizures, heart conditions, head injuries, learning disabilities, emotional difficulties, etc.

List any special instructions in the event of a health crisis:

I, the parent or legal guardian, verify that the above information is accurate and complete.

As the parent legal guardian of the student/participant named above, I request and authorize that in my absence the student/participant named above be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine /Osteopathy or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the student/participant named above. I have not been given any guarantee as to the results of examination or treatment. I hereby authorize Mulford Studio, its owners, members, Board of Directors, and all employees and agents of these parties to act for the student/participant named above according to their best judgment in providing or arranging for emergency care in any emergency circumstance requiring medical attention. I authorize the hospital, medical or care facility to dispose of any specimen or tissue during the course of any diagnosis, treatment or other normal and customary procedures.

Signature _____