

**THE DANCE FX STUDIO**  
**4125 BROADWAY BLVD. #190 GARLAND, TX 75043**

**REGISTRATION FORM**

SUMMER \_\_\_\_\_

SUMMER 2 \_\_\_\_\_

FALL \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

STUDENT EMAIL \_\_\_\_\_

STUDENT CELL \_\_\_\_\_

SCHOOL \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

PLEASE LIST ANY HEALTH PROBLEMS OR CONCERNS \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE DANCE FX STUDIO \_\_\_\_\_

BY MY SIGNATURE BELOW, I HEREBY RELEASE THE DANCE FX STUDIO AND STAFF FROM ANY AND ALL CLAIMS OR LIABILITY DUE TO ANY INJURY THAT MYSELF OR MY CHILD MIGHT SUSTAIN WHILE ON THE PREMISES OF THE STUDIO OR ANY OTHER LOCATIONS INVOLVING THE STUDIO OR STUDIO NAME.

IN THE EVENT THAT I CAN'T BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE DANCE FX STUDIO TO USE THEIR BEST JUDGEMENT FOR PROPER TREATMENT BY STAFF OR EMERGENCY STAFF FOR ANY INJURY SUSTAINED.

PICTURES AND VIDEOS MAY BE TAKEN AND USED THROUGHOUT THE YEAR AND MAY BE PUBLISHED IN PRINT OR SOCIAL MEDIA AND THE DANCE FX STUDIO HAS PERMISSION TO USE THEM.

**THE DANCE FX STUDIO WILL BE USING RECURRING BILLING AND IT WILL BE UP TO PARENT TO FORMALLY COMPLETE A CANCEL PAYMENT AGREEMENT ON THIS PAGE TO CANCEL RECURRING MONTHLY CHARGES OR CHARGES WILL CONTINUE.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RECURRING BILLING AUTHORIZATION**

I HEREBY GIVE THE DANCE FX STUDIO PERMISSION TO CHARGE MY CREDIT CARD ON THE 1<sup>ST</sup> OF EVERY MONTH FOR TUITION CHARGES ONLY. THERE WILL BE A \$25 LATE FEE AFTER THE 5<sup>TH</sup> OF EACH MONTH IF THE CREDIT CARD CANNOT BE PROCESSED.

**(TUITION ONLY) AMOUNT TO BE CHARGED MONTHLY \$ \_\_\_\_\_**

CREDIT CARD # \_\_\_\_\_ EXP. \_\_\_\_\_ CVC \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CANCEL RECURRING BILLING**

PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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