Hip Hop Dance Program

*by Mrs. Isora Delmas of **Florida Dance***

STUDENT REGISTRATION FORM

Child's Name _____

Age:_____ Date of Birth:_____ Grade:_____

Home Phone# (_____) _____ Parent's Cell# (_____) _____

E-Mail Address:_____

Mark your selection on the line provided.

____ **Hip Hop Dance:** Fridays @ 3:15-4:15 p.m. **Grades:** PK-4 to 4th

START DATE: September 4th

ANNUAL REGISTRATION FEE: $15.00

QUARTERLY FEE: $160.00 ***(Registration and payment due by August 19th)***

- (Due in advance on August 25th, October 21st, January 20th, and March 24th).
- Payments accepted through **CREDIT CARDS ONLY** *(Credit Card Authorization Form required).*

DISCLAIMER

I hereby register my child for **HIP HOP LESSONS** offered by **FLORIDA DANCE**.I hereby certify that my child is physically and mentally capable of participating in this kind of strenuous physical activity. I fully release Highpoint Academy, Inc., its Owner, Directors, Employees and/or volunteers and Florida Dance, its instructors, authorized agents, members, and/or authorized guests, from any and all claims of injuries, accidents, and/or losses I may receive or sustain while learning, practicing, or performing dance movements and techniques during this optional Extra-Curricular activity. I understand that fees paid are non-refundable.

Name of Parent/Legal Guardian:_____

Signature:_____ **Date:**_____

UNIFORM REQUIRED: *(Purchase separately)*

1st thru 4th Grade:

White Tank Top
Black Leggings
Black & White Sneakers

FLORIDA DANCE

Hip Hop Dance Class
Credit Card Authorization Form

Child Name_____ Date_____
(Please Print)

Date of Birth_____ Child's Size_____ Age___ Address_____

City_____ State_____ Zip code_____ Phone# (___) _____

Cell# (___) _____ School Name_____

Parent(s) or Guardian(s) Name_____

E-Mail Address_____

ANNUAL REGISTRATION FEE: $15.00 **QUARTERLY FEE: $160.00**

I_____ authorize Florida Dance to charge my credit card **$175.00** for a one time fee to
(Please Print)
commence classes, and then **$160.00** on the day of each quarter indicated in the form attached to complete the registration for my child's dance class.

Visa **MasterCard** **Discover**

Cardholder Name _____

Account Number _____

Exp. Date _____ CVV _____ Zip Code_____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Florida Dance of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Parent/Guardian Signature _____

I hereby fully release Florida Dance, the instructors, authorized agents, members, and authorized guests from all claims or injuries, accidents and/or losses my child may receive or sustain while learning, practicing, or performing dance movements or techniques.

Parent/Guardian Signature _____