



# INTEGRITY DANCE CENTER, INC.

1196 Tree Swallow Drive, Suites 1332 & 1334  
Winter Springs, FL 32708

■ (407) 542-1616 (Winter Springs Town Center) ■ www.idcgetsome.com

**MARIA WEATHERBEE**  
Founder, Artistic Director & Choreographer

*"RELEASE THE DANCER IN YOU"*

**IDC's 2020-2021 ANNUAL DANCE PROGRAM BEGINS AUGUST 10, 2020 WITH WEEKLY CLASSES AND WE END OUR YEAR WITH RECITAL EITHER JUNE 12 OR JUNE 19, 2021 (Pending Availability)**

*Please complete the Registration Forms and submit along with Registration Fee and Costume Deposit.*

**REGISTRATION FEE (Non-Refundable)**

**Single Student: \$40.00 OR Family: \$70.00** (Complete a separate registration form for each student in this family total fee)

**TUITION INFORMATION**

The monthly tuition is based on the total weekly hours of class instruction per student at the monthly rate below. Total weekly hours are per student and not combined per family. A family rate discount of \$5.00 applies to the monthly tuition for each additional sibling(s).

This program requires the 1st monthly payment paid on your first class day, with the remaining 10 monthly payments paid via recurring credit/debit card payment utilizing the online payment system of the "IDC website. In the event you need to withdraw your student, "IDC" requires a 30 day notice to discontinue your recurring scheduled payment, as well as to drop the class(es). However, you are responsible for the full monthly tuition in which a student attends *any* class.

The studio will close for Labor Day, Halloween, 5 days for Thanksgiving/Fall Break, 2 weeks for Christmas/Winter Break, Presidents Day, Martin Luther King Day, 1 week for Spring Break, & Memorial Day.

**MISSED CLASSES**

There will be no adjustment to monthly tuition for any missed classes. Replacement of classes missed due to illness, injury, family emergencies, and school activities may be with any other comparable ability class. We request replacement of the class missed within 60 days of the absence.

Total Weekly Hours	Monthly Tuition
1	\$65.00
1.5	\$80.00
2	\$100.00
2.5	\$115.00
3	\$125.00
3.5	\$140.00

Total Weekly Hours	Monthly Tuition
4	\$150.00
4.5	\$165.00
5	\$175.00
5.5	\$190.00
6	\$200.00
UNLIMITED	\$260.00

**RECITAL**

A performance of student talents will be showcased in a recital at the end of the year. Recital costumes are an approximated cost of \$90.00 per class. **A costume deposit of \$25.00 per class is required at registration** and is refundable until September if student discontinues. A **costume balance of \$65.00 per class** will be due by November 1, 2020. A **recital fee of \$25.00**, is payable no later than January 1, 2021

INDIVIDUAL SINGLE CLASS RATES ARE \$20 PER 1 HOUR CLASS OR \$25 FOR 1 1/2 HOUR CLASS ATTENDED.

**I acknowledge and accept the above Terms and Conditions.**

\_\_\_\_\_  
SIGNATURE OF  PARENT  GUARDIAN

\_\_\_\_\_  
DATE

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



**INSURANCE DISCLOSURE:** INTEGRITY DANCE CENTER, INC. hereby represents that it maintains general liability insurance limited to \$1,000,000 per occurrence and \$2,000,000 aggregate combined single limited for bodily injury and property damage.

**WAIVER, RELEASE AND CONSENT:** I hereby state that the student is physically and mentally capable of safe participation in INTEGRITY DANCE CENTER, INC. ("IDC") activities and will abide by the posted POLICIES AND PROCEDURES OF INTEGRITY DANCE CENTER. I understand that IDC assumes no responsibility for injuries or illness, which the student may sustain as a result of his/her athletic activities, the programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and illness which may result from the student's involvement in these activities, whether on or off IDC's premises. I hereby release and discharge IDC, its agents, servants and employees from any and all claims of injury, illness, death and loss or damage which the student may suffer as a result of his/her participation in premises or any other premises where IDC may conduct its events. I give my permission to IDC to use, without limitation or obligation, photographs, film footage or tape recordings of the student for the purpose of promoting IDC's programs or providing instruction in dance education. I explicitly give my consent to IDC's instructors to gently lay their hands on the student for purposes of dance instruction.

**I ACKNOWLEDGE AND ACCEPT THE WAIVER, RELEASE AND CONSENT SET FORTH ABOVE.**

**EMERGENCY CONTACT INFORMATION:**

	Name	Home Phone	Cell Phone	Relationship to Student
1st Contact				
2nd Contact				
3rd Contact				

**MEDICAL RELEASE AND HISTORY:**

Please list any Medical Allergies, Concerns, or Conditions: \_\_\_\_\_

Family Physician/Clinic: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_

**I AUTHORIZE INTEGRITY DANCE CENTER, INC. TO OBTAIN MEDICAL TREATMENT FOR THE STUDENT IN THE EVENT OF AN EMERGENCY.**

\_\_\_\_\_  
**SIGNATURE OF  PARENT  GUARDIAN**

\_\_\_\_\_  
**DATE**

**Student Name:** \_\_\_\_\_