



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 PARENTS DAY OUT PROGRAM **Tuesdays & Thursdays** **9:00am – 12:00pm** **Ages 2-6**

REGISTRATION FEE (Non-Refundable)

Single Student: \$40.00

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

TUITION INFORMATION

Drop In Rate: \$40.00 (Per Day)

Monthly Tuition: \$200.00 (Per Month)

The monthly tuition is based on the two days per week (Tuesdays & Thursdays) ONLY.

Total monthly tuition of \$200.00 is 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." Recurring tuition will be taken out on the 1st of each month. 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 program. However, you are responsible for the full monthly tuition in which a student attends multiple days of the program.

MISSED CLASSES

There will be no adjustment to monthly tuition or make up classes for any missed days.

Parents Day Out Program Includes:

Dancing (Ballet, Jazz, Tap)
Tumbling
Crafts
Laughter, Fun, & Friends

I acknowledge and accept the above Terms and Conditions.

SIGNATURE OF PARENT GUARDIAN

DATE

STUDENT NAME



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"

Student Information

NAME: _____

BIRTHDATE: _____ AGE: _____

Parent/Guardian Information

MOTHER'S NAME: _____ FATHER'S NAME: _____

HOME PHONE: _____ HOME PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ WORK PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ ADDITIONAL EMAIL: _____

Do you have dance training? _____ If yes, where did you take classes? _____

How did you hear about INTEGRITY DANCE CENTER? _____

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: _____