

# SUZETTE'S MASTERS OF DANCE

14275 Rick Dr. | Shelby Township | 48315 | 586.731.5454 | [www.suzettesdance.com](http://www.suzettesdance.com)

## 2023-2024 REGISTRATION FORM

STUDENT NAME

PARENT/GUARDIAN NAME

ADDRESS

CITY

ZIP CODE

EMAIL ADDRESS (REQUIRED)

MOTHER/GUARDIAN PHONE ( )

FATHER/GUARDIAN PHONE ( )

**DUE AT REGISTRATION:** \$30 REGISTRATION FEE PER FAMILY OR \$20 PER INDIVIDUAL,  
\$25 COSTUME DEPOSIT (PER DANCER)  
1<sup>ST</sup> MONTH TUITION. TUITION IS NON-REFUNDABLE.

BY SIGNING THIS DOCUMENT, I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL FINANCIAL OBLIGATIONS INCURRED DURING THE 2023-2024 SEASON, INCLUDING BUT NOT LIMITED TO: REGISTRATION FEE, INCURRED TUITION AND COSTUME DEPOSIT/FEE'S. THE STUDIO MUST BE NOTIFIED IMMEDIATELY OF ANY STUDENT DROPPING A CLASS OR ALL CLASSES, OTHERWISE TUITION AND COSTUME FEES WILL STILL BE CHARGED.

I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE PREVIOUS LISTED INFORMATION AND POLICIES OF SUZETTE'S MASTERS OF DANCE-SIGNATURE REQUIRED

SIGNATURE:

DATE:

STUDENT #1 NAME

D.O.B (REQUIRED)

AGE

SEX M F

CLASS

DAY

TIME

STUDENT #2 NAME

D.O.B (REQUIRED)

AGE

SEX M F

CLASS

DAY

TIME

**FOR OFFICE USE ONLY:**

<b>REGISTRATION FEE</b>	<b>\$</b>		
<b>COSTUME DEPOSIT</b>	<b>\$</b>		
<b>TUITION AMOUNT</b>	<b>\$</b>		
<b>TOTAL DUE:</b>	<b>\$</b>	<b>CASH</b>	<b>CHECK</b>
<b>PAYMENT DATE:</b>	<b>PAYMENT RECEIVED BY:</b>		

**RELEASE OF LIABILITY-SIGNATURE REQUIRED**

I allow SMD to use photos and or videos of my child or their class for any advertising or publications. I have read and agree to follow Suzettes Masters of Dance Policies.

<b>PARENT/GUARDIAN SIGNATURE</b>	<b>DATE</b>
----------------------------------	-------------

\*In the event of a serious accident or illness, I request that a representative of the dance studio contact me. If I cannot be reached, I request that contact is made with the physician named and their instructions be followed in the treatment of my child. If the emergency is such that immediate medical care is necessary, I authorize the dance studio to transport my child to the hospital for emergency care. The hospital agents, or a licensed physician, may administer such emergency treatment as they deem necessary under the circumstances.

<b>PARENT/GUARDIAN SIGNATURE</b>	<b>DATE</b>
----------------------------------	-------------

\*As the legal parent or guardian, I release and hold Suzettes Masters of Dance and its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of SMD and its owners and operators or in route to or from any of said premises. I am fully aware of the existence of the risk on my physical appearance at Suzette’s Masters of Dance and my participation of activity in dance classes within Suzette’s Masters of Dance that may cause injury or exposure to illness. I am fully and personally responsible for my own safety and actions while and during my participation. With full knowledge of the risks involved, I hereby release, waive, discharge Suzette’s Masters of Dance, its owners, representatives and all employees from any and all liabilities, claims, demands, actions and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, illness, or death, that may be sustained by while participating in any activity while in, on, or around the premises or while using the facilities. I agree to indemnify, defend, and hold harmless Suzette’s Masters of Dance from and against all costs, expenses, damages, lawsuits, and/or liabilities or claims by or against any of the released party due to injury, loss, or death from or related to participation in our business.

<b>PARENT/GUARDIAN SIGNATURE</b>	<b>DATE</b>
----------------------------------	-------------

**EMERGENCY CONTACT INFORMATION:**

<b>CONTACT NAME</b>			
<b>STUDENT NAME</b>	<b>BIRTHDATE</b>	<b>AGE</b>	<b>SEX M F</b>
<b>EMAIL ADDRESS</b>			
<b>CELL PHONE/WORK ( )</b>			

**MEDICAL INFORMATION**

<b>MEDICATION TAKEN REGULARLY</b>
<b>LIST ANY ALLERGIES</b>

**\*EACH FAMILY ACCOUNT REQUIRES AN EFT (CREDIT/DEBIT CARD NUMBER) OR ACH (CHECKING/SAVINGS ACCOUNT NUMBER) ON FILE FOR TUITION. IF YOU PREFER TO PAY CASH OR CHECK FOR TUITION, YOU ARE STILL REQUIRED TO HAVE A CARD OR ACCOUNT ON FILE, HOWEVER, ANY ALTERNATIVE FORM OF PAYMENT MUST BE MADE TO THE DESK BEFORE THE 7<sup>TH</sup> OF EACH MONTH TO AVOID AN AUTOMATIC WITHDRAWAL ON THE TUITION DUE DATE.**

PLEASE SELECT & FILL OUT ONE OF THE 3 OPTIONS:

**OPTION 1:**

Checking Account

Savings Account

Bank/Institution Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

**OPTION 2:**

**CARD INFORMATION**

NAME AS APPEARS ON CARD: \_\_\_\_\_, \_\_\_\_\_

LAST

FIRST

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_, \_\_\_\_\_

Month

Year

SECURITY CODE: \_\_\_\_\_ Last 3 digits on back of card

**Billing Address: (Required for both options 1 & 2)**

Street: \_\_\_\_\_

City: \_\_\_\_\_ ZIP \_\_\_\_\_

Monthly Tuition Amount: \$ \_\_\_\_\_

**OPTION 3:**

CHECK HERE IF YOU WOULD LIKE US TO USE THE CARD/ACCOUNT ALREADY ON FILE

FROM THE 2022-23 DANCE SEASON.

- CHECK HERE IF YOU WOULD LIKE YOUR CARD PROCESSED ON NOVEMBER 30TH FOR **RECITAL COSTUMES**

THE \$25 COSTUME DEPOSIT WILL BE APPLIED TOWARDS EACH DANCERS COSTUME BALANCE.

I, the authorized representative of the above referenced account, hereby authorize Suzette's Masters of Dance, to regularly debit the account for the monthly payment listed above. I understand that Suzette's Masters of Dance will charge a \$30 fee if any transaction is returned for non-sufficient funds (NSF).

SIGNATURE \_\_\_\_\_