2026-27 RECREATIONAL REGISTRATION FORM

14275 Rick Dr. | Shelby Township | 48315 | 586.731.5454 | www.suzettesdance.com

STUDENT NAME: _____ **BIRTHDATE:**_____

PARENT/GUARDIAN NAME(S):_____ **AGE:** _____

RETURNING STUDENT:____ **NEW STUDENT:**____ **PARTICIPATING IN RECITAL:**_____ **TODAYS DATE:**_____

If your information below has not changed since last season, please check here: _____

For any changes or new students, please fill out information below:

ADDRESS: _____

CITY:_____ **ZIP**:_____

EMAIL: (REQUIRED)_____

PHONE #_____

$45 FEE PER INDIVIDUAL IS DUE AT REGISTRATION ($20 REGISTRATION FEE & $25 COSTUME DEPOSIT)

TUITION RUNS AUTOMATICALLY ON THE 7TH OF EACH MONTH FROM SEPTEMBER 2026 TO JUNE 2027.

REGISTRATION FEE, TUITION & COSTUME FEES ARE NON-REFUNDABLE.

BY SIGNING THIS DOCUMENT, I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL FINANCIAL OBLIGATIONS INCURRED DURING THE 2026-27 SEASON, INCLUDING BUT NOT LIMITED TO: INCURRED TUITION, REGISTRATION FEES AND RECITAL COSTUMES. I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE PREVIOUS LISTED INFORMATION AND POLICIES OF SUZETTE'S MASTERS OF DANCE-SIGNATURE REQUIRED.

PARENT/GUARDIAN SIGNATURE:_____

STUDENT #1 NAME	D.O.B (REQUIRED)	AGE	M F

CLASS	DAY	TIME

STUDENT #2 NAME	D.O.B (REQUIRED)	AGE	M F

CLASS	DAY	TIME

COSTUME FEES:

- **COSTUME FEES WILL AUTOMATICALLY PROCESS ON JANUARY 15TH 2026 FOR RECITAL COSTUMES.** **($25 COSTUME DEPOSIT WILL BE APPLIED TOWARDS EACH DANCERS COSTUME BALANCE PRIOR)**

***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 7TH 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 2025-26 DANCE SEASON.** ☐

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 _____

RELEASE OF LIABILITY-SIGNATURE REQUIRED

*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 also allow SMD to use photos and videos for any advertising or publications. I have read and agree to follow Suzettes Masters of Dance Policies.

PARENT/GUARDIAN SIGNATURE:_____

*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 emergency contact listed below. 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.

PARENT/GUARDIAN SIGNATURE:_____

*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 illness such as, but not limited to Influenza, MRSA, COVID-19 or any communicable disease. I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may in any case be at risk. 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, or death, that may be sustained by me while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm. I agree to indemnify, defend and hold harmless Suzette's Masters of Dance from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss or death.

PARENT/GUARDIAN SIGNATURE:_____

PLEASE LIST ANY ALLERGIES OR MEDICAL INFORMATION NECESSARY THAT OUR STAFF SHOULD BE AWARE OF: