

*Flag City School of Dance*

354 Cherry Street Macon, GA 31201 478-742-1848 [www.flagcitydance.biz](http://www.flagcitydance.biz)

# ENROLLMENT AND REGISTRATION AGREEMENT

Student Name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Parents' Name \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Work# - Mother \_\_\_\_\_ Father \_\_\_\_\_

Email Address \_\_\_\_\_

as a student at FLAG CITY SCHOOL OF DANCE and for said consideration agrees:

- (a) My child does not presently have or has never had any physical problems, physical injuries, health problems, mental health disorders, or developmental disabilities which would limit the child's participation in the School's program and activities.
- (b) I understand that the lessons I am registering the above student for are a form of activity where, even under regular instruction, an injury can occur, and undersigned holds FLAG CITY SCHOOL OF DANCE, its agents and employees harmless from any and all injuries or accidents arising out of or relating to the course of instruction.
- (c) Undersigned acknowledges that FLAG CITY'S summer classes last for six weeks (all CAMPS last one week) and acknowledges that the tuition which undersigned agrees to pay is \$\_\_\_\_\_ payable upon the signing of this agreement. Undersigned acknowledges that there will be no refunds and that failure of the student to attend classes shall not affect undersigned's obligation for payment as herein above outlined. Late payments shall bear interest from date of default until payment at the rate of ten percent (10%) per annum plus reasonable attorney's fees should said defaulted payment be collected by or through an attorney at law.
- (d) Undersigned acknowledges a copy of this agreement and further agrees that they have read and agree to abide by the school policies which are printed on the reverse side hereof.

**PHOTO RELEASE**

I agree to permit Flag City School of Dance authorization to use photographs of my child for print, video, and web use without compensation. This release shall continue in force until specifically revoked.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment Received \$ \_\_\_\_\_ Class Time \_\_\_\_\_

Referred by: \_\_\_\_\_