



## PRIVATE STUDY REGISTRATION FORM

Please complete:

**Personal Information:**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female

U.S. Citizen:  Yes  No If no, which country? \_\_\_\_\_ Resident Alien? (green card holder)  Yes  No

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ **\*\*Email (write clearly!) \_\_\_\_\_**

Permnt' Address (if different from above): \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Parent/Gaurdian Information (if under 18 years of age):**

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_\_) \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: (\_\_\_\_\_) \_\_\_\_\_

**Select from the private class menu, add your choices and calculate your final startup total:**

Choose Lesson frequency:  3X per week  2X per week  1 per week  1 every two weeks  1 per month

Private Classes	Amount	Total
<input type="checkbox"/> Private Dance or Vocal Lesson - 1 hour	\$60 = _____	↓
<input type="checkbox"/> Private Coaching Lesson - 1 hour (could include dance, vocal, or drama)	\$75 = _____	↓
<input type="checkbox"/> Private Lesson (partial) - 1/2 hour	\$45 = _____	↓
<input type="checkbox"/> Performance and Critique - 1 hour	\$110 = _____	↓
<input type="checkbox"/> College Prep, Choreography, or Audition Study (could include dance, vocal, or drama) - 1 hour	\$140 = _____	↓

**Custom Package Information:**

- \_\_\_\_\_

**Detailed Information:**

Returned check fee ..... \$30/ck

Your Overall Startup Total .....                       
**Startup Total**

staff signature \_\_\_\_\_  
client signature \_\_\_\_\_

**Custom Designed**

Lessons are prepared on individual needs and request for a specific outcome. Comparisons with other clients will not necessarily depict the equity of one's lessons. All questions should be referred to the educator teaching the lesson. Lessons are not transferable from client to client. Educators reserve the right to cancel or reschedule a lesson with notification 24 hours prior to the lesson. *Students will not be admitted to class until all fees are paid and the remaining sections in this application are signed (1. Consumer Statement of Understanding, and 2. Right to a Positive Learning Environment).*

## PRIVATE STUDY REGISTRATION FORM (continued)

### CONSUMER STATEMENT OF UNDERSTANDING

#### **REGISTRATION AGREEMENT**

(Please initial after reading each paragraph to acknowledge you understand.)

Private Lesson fees are due at the time of your first class. If you are not paying for a block of lessons at once, all subsequent payments are due at the scheduled lesson time.

#### **PRIVATE CLASSES ARE NOT TRANSFERABLE FROM CLIENT TO CLIENT.**

NYIDE reserves the right to cancel or reschedule classes with posted notification 24 hours prior to the respective dance class, or with a phone call. (Lessons are not conducted on national holidays.)

I hereby assume all financial responsibility for enrolling in private study lessons at the New York Institute of Dance and Education. In the event it becomes necessary to refer this account to collections, you (parent/guardian) will be responsible for ALL collection fees, including legal fees, interest, etc.

#### **REFUND POLICY**

**Deposits and tuition are non-refundable. (There are absolutely NO tuition REFUNDS.) It is the responsibility of the participant or parent (payee) to make sure that the participant is scheduling private lessons to his/her best interest. Applications will be reviewed promptly on a rolling basis.**

#### **WAIVER AND RELEASE**

I hereby agree to participate in the dance, performance and exercise classes given by NYIDE upon the understanding and condition that:

1. I represent to the Institute that I am physically capable of participating in a vigorous cardiovascular exercise program and that, to the extent necessary in light of my prior health history, weight and general physical condition, I have consulted my personal physician or other health authority before making such representation.
2. I recognize the risk of illness and injury inherent in any dance or exercise program and I am participating in the Institute's program upon the express agreement and understanding that I am hereby waiving and releasing the Institute from any and all claims, cost, liabilities, expense or judgments, including attorney's fees and court costs (herein, collectively "claims") arising from my participation in the Institute's programs or any illness or injury resulting there-from. I hereby further agree to indemnify and hold harmless the Institute from and against any and all such claims except claims proximately caused by the gross negligence or willful misconduct of NYIDE.
3. I agree to inform NYIDE before participation in any of its programs of any change in my physical condition which might in any way adversely affect my ability to participate in the program safely. I hereby execute and deliver this waiver and release to induce NYIDE to permit my participation in this program.

#### **PLEASE SIGN BELOW**

Your signature below indicates you have read, understand, and comply with all the policies in this agreement. Registrants also consent to the use of registered student's name, photograph(s) and video (that may include them) for occasional advertising and/or promotions of Fine Arts Dance. Such material includes but is not limited to: Newspapers, Television, Web Design, Advertisement and columns.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (payee) if under 18yrs of age

\_\_\_\_\_  
Date

Are you interested in participating in the NEW YORK DANCE FESTIVAL?     YES     NO

#### Credit Card Information for Recurring Clients:

Cardholder's Name \_\_\_\_\_  
 Card Number \_\_\_\_\_  
 Exp. \_\_\_\_\_ 3-digit V-code \_\_\_\_\_

Monthly Tuition                    \$ \_\_\_\_\_

Down payment                    \$ \_\_\_\_\_

Total Start up cost            \$ \_\_\_\_\_

Staff initials                        \_\_\_\_\_

**\*\*Make checks payable to: Your Teacher**

Registration Notes: \_\_\_\_\_

