



**CLASS REGISTRATION FORM**

4469 Kolopa St., STE 101  
Lihue, HI 96766  
(808) 245-1810

4-941-A Kuhio Hwy.  
Kapaa, HI 96746  
(808) 821-9690

RCVD Manual:  
\_\_\_\_\_  
(for office use only)

Studio:  ~~M~~ Lihue  ~~K~~ Kapaa

Session: \_\_\_\_\_ Registration Date: \_\_\_\_\_

Referred By / How did you hear about us: \_\_\_\_\_

Billing Name: (Parent 1) \_\_\_\_\_

(Parent 2) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Please provide current contact email. We would like to send important reminders when needed!)

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: (Parent 1) \_\_\_\_\_ Cell Phone: (Parent 2) \_\_\_\_\_

Employer: (Parent 1) \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: (Parent 2) \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contacts other than parents:**

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

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

Á

**Student Name:** \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student Cell #: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Special Needs/Medical Information (optional): \_\_\_\_\_

**Classes Requested:**

Type: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Type: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Type: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Type: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Type: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Type: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Type: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Type: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

(Please use backside to add more classes if needed)

Tuition Due: \_\_\_\_\_

+ Non-Refundable Annual Registration Fee: \$10.00

**Total Amount Due:** \_\_\_\_\_

## Terms and Conditions – Please Read

### BILLING PROCEDURE

We bill in advance for the next 4 weeks of lessons. We will be handing our bills out to the students approximately around the 15th of each month for the tuition due by the 1st of the next month. EX: Billing will go out August 15th for the September tuition. Please check students dance bags! If you would rather have us mail billing and important information, please let us know and we can set that up immediately. We can also set-up an automatic withdraw for your convenience.

All tuition will be due no later than the 1st. If your bill is not paid by the 1st of each month a 10% late fee will be applied to your account.

Payments can be made by check, cash or credit/debit cards. We will be glad to accept post-dated checks by the 1st for your convenience, or you may set up a pre-authorized secure credit/debit withdraw to be taken out directly on the 1st of each month, or a day you choose. (EX: you get paid on the 5th... payment can come out on the 6th of each month.)

All payments are non-refundable and no credits will be given for absence. You may take a make-up class for payments already received.

**There will be a \$15.00 charge for returned or declined payments.**

**Please check and read each bill for updated or special announcements we may have.**

### Uses of Photographs, Video, and Other Media

We respect your right to privacy. While we hope you allow images to be used for the aforementioned uses, Students may opt out of print publication, inclusion in website content, or both. A photo release is also provided for students who registered before 4/5/2007 and for others.

*We will never sell, share, or distribute photographs to any third parties or publish a photograph in print without express prior permission.*

Aloha Dance Studio reserves the right to publish photographs of students and occasionally others (who have given permission), on the website and possible print media.

**Specifically, we limit the use of photographs and video media to the following:**

Editorial content within the website...

Certain existing and future website features, such as photo galleries and video clips.

Print media, such as a brochure or newspaper item

**Student Waiver and Release: I, the undersigned parent/guardian, have read and understand the Terms & Conditions of the agreement. I do hereby give permission for my son/daughter to attend and to participate in dance classes, rehearsals, performances, or other activities conducted by Aloha Dance Studio. Recognizing the risks of illness and injury inherent in any dance participation, I, the undersigned, on behalf of my child/ward, do agree to hold harmless Aloha Dance Studio and its staff and agents from any and all injuries, cost, losses, damages and expenses (including attorney's fee) or other liability arising from, rehearsals, performances or other activities conducted by or associated with Aloha Dance Studio. By signing this agreement I understand and I agree to indemnify and hold harmless Aloha Dance Studio and its staff and agents. I understand that my child/ward will not be permitted to participate without making this agreement.**

Photos, Media & Sharing with Dancewear Etc.

- Do Not use student photos in print
- Do Not use student photos on website or print
- Do Not share my information with our partner Dancewear Etc.

**By checking this box you certify that you are at least 18 years of age and legally permitted to enter into this contract.**

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