





## Silver Spring Dance Conservatory

Mail: PO Box 66 Silver Spring, PA 17575

Drop off: 3730 Marietta Ave

Columbia, PA 17512

## Summer 2017 Registration Form

**\*\*Please complete one per dancer\*\***

Agreements: (Please **read and initial**)

I understand that tuition payments are due **the first week of each session by cash or check payable to SSDC**, and that in enrolling my child for SSDC's 2017 summer dance, I am agreeing to pay tuition for the June, July, and August sessions. I understand that missed classes may be made up in another class of the same level, and that tuition will not be pro-rated. I understand that my monthly tuition payments will be \$\_\_\_\_\_

**OR**

I am purchasing a non-refundable SSDC Class Card, which I understand is valid only for Summer 2017.

I understand that there is a \$15 family registration fee for Summer 2017.

I understand that teachers reserve the right to have prerequisites or instructor permission for certain classes.

I understand that classroom disruptions may signify that a child is not ready for dance class or enjoying class and these issues will be discussed with parents as needed.

I understand that at any time I can bring my questions or concerns to my dancer's teacher and/or studio director.

I understand that email contact is critical in order to receive continuous communication with the studio, and I will keep an updated email address on file with the director at all times.

I (circle one) DO or DO NOT give permission for my dancer's photo or video images to be used on SSDC printed materials, advertisements, websites, etc.

*By signing this form below, you relieve SSDC, any staff, students, volunteers, board members and affiliates from lawsuits. The studio carries general liability insurance and other insurances required by law.*

We are aware that accidents, injuries and other mishaps can occur despite all safety precautions. For the most part, ice packs and rest will suffice until a parent can be notified. In the event of a sudden injury or illness in the studio or during a performance, a teacher may feel that emergency medical care is necessary. We reserve the right to seek emergency medical treatment on behalf of our dance students if we feel it is warranted. By signing this waiver, you are giving us permission to call for medical help in case of emergency.

Responsible Party's Printed Name: \_\_\_\_\_

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

Preferred hospital (if needed): \_\_\_\_\_