



The Dance Platform Contract and Registration Form

Student's Name: _____ Date of Birth: _____

Mothers Name: _____ Mothers Cell: _____

Mothers Email: _____

Fathers Name: _____ Fathers Cell: _____

Fathers Email: _____ Person responsible for payment: _____

Physical Address: _____

Classes

Class: _____ # Per Week: _____ Monthly Fee: _____

Class: _____ # Per Week: _____ Monthly Fee: _____

Class: _____ # Per Week: _____ Monthly Fee: _____

Fees:

Total Monthly Fee: _____ Annual Admin Fee: _____ Registration Fee: _____

Fees to be paid in full by the 1st of each month

Costume Hire Fee: Per costume. Price to be confirmed

Medical – Allergies/Illness/Injury: _____

Will your child require any special medical treatment/consideration/attention during a normal class: (Yes / No)

If yes – Explain: _____

G.P. Name: _____ Contact No: _____

Medical Aid: _____ Contact No: _____

Main Member: _____ Medical Aid No: _____

Legal Release, Studio Policies, Terms and Conditions Acceptance

I/we understand and acknowledge my payment obligations (12 equal payments from January to December)

I/we understand and acknowledge The Dance Platforms suspension and debt collection policy

I/we understand and acknowledge The Dance Platforms medical emergency procedure

I/we understand and acknowledge the risks policy

I/we understand and acknowledge the costume policy

I/we understand and acknowledge the behavioral and attendance policy

I/we understand and acknowledge my responsibilities for my own, and The Dance Platforms property

I/we understand and acknowledge my 3 (three) months' notice period obligations

I/we understand, acknowledge, and have read The Dance Platforms Studio Policies, Terms and Conditions

Signed at: _____ On this: _____ day of _____ 2021

Print Name: _____ Signature: _____