



8853 SW 132 Street, Miami, Fl. 33176  
305-232-5573 / (Fax) 305-254-1021

**2025-2026**

Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Student Name: (1)** \_\_\_\_\_ **Student Birth Date:** \_\_\_\_\_  
**(2)** \_\_\_\_\_ \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Allergies/Medical Problems/Physical Disabilities: \_\_\_\_\_

How did you hear about Dance Empire? Be Specific.

Newspaper: \_\_\_\_\_ Driving By: \_\_\_\_\_  
Word of Mouth: \_\_\_\_\_ Other: \_\_\_\_\_  
(Who): \_\_\_\_\_

**Waiver of Liability**

*The undersigned hereby waives any liability against Dance Empire; hereinafter referred to as Dance Empire, its administrators, agents, assigns, and all other persons, firms, corporations and educational institutions, who it might claim to be liable while acting within the scope of Dance Empire's activities, from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever on account of all injuries, both to person and property, which may in the future result from any accident which might occur as a result of any social, educational, athletic, or any other event or activity sponsored, participated in or conducted by Dance Empire. The undersigned hereby declares that the terms of this waiver have been completely read and are fully understood and voluntarily accepted for the purpose of allowing me, my child and/or surrogate to either attend classes, participate in events or travel with Dance Empire or its agents and /or employees, for the express purposes of precluding forever any future claims arising out of any possible accident suffered by the undersigned's child, surrogate or nominee, as the case may be. This waiver is binding on my heirs, executors, assigns and administrators. This is a voluntary waiver and the undersigned is aware of the risks of attending and participating in social, athletic and all other events and hereby assumes all risks. The risks include those foreseen and unforeseen, known and unknown. This agreement allows Dance Empire of Miami to display any photographs of your dancer for purposes of advertisement and social media display.*

*I have read and understand all of the above on this the \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_*  
*Parent or Guardian Signature:* \_\_\_\_\_

**Credit Card Agreement Policy**

*Upon registration, you will be charged a session registration fee. At no time is the registration fee refundable, even if classes are dropped entirely or never attended. I am aware that I may exercise the missed class policy and make up absences within four weeks of the missed classes with another age appropriate class. With my permission (which will be based upon flyers sent home to be signed and dated), I allow Dance Empire to automatically charge my credit card for uniforms, costumes, recital fees, recital advertisements, etc., If I choose to participate. I will agree to participate by completing and signing flyers provided throughout the year. This agreement is in effect from the signature date until the last day of class in May 2026, and I understand that my tuition has been divided into 10 equal installments payable between September 2025 – May 2026 (note this agreement includes a final payment made mid-May although classes end in May as this is your 10th –final- payment as described above). If I choose to terminate at any time, I will notify the Dance Empire Business Office **IN WRITING** as specified above **PRIOR** to the 1st of the month as charges post automatically at midnight on the 1st of each month and there are no refunds. Any credit card disputes that have not followed the specified cancellation process will be rebutted with copies of this agreement and proof of non-compliance. **Absences or drop of classes without prior written notification does not constitute motive to dispute tuition charge** and Dance Empire of Miami will dispute any and all charge backs from credit card company with copy of this registration form. You can always make up missed classes by notifying front desk. Payments can be made by check, by credit card (5% credit card fee), or by Zelle to [Danceempireofmiami@gmail.com](mailto:Danceempireofmiami@gmail.com) (\$5 Zelle fee). A valid credit card must be kept on file at all times. If you make a Zelle payment without adding the \$5 Zelle fee, your account credit card will automatically the \$5 with the 5% cc fee, for a total of \$5.25.*

*I have read and understand all of the above on this the \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_*  
*Parent or Guardian Signature:* \_\_\_\_\_ *Classes Registering for:* \_\_\_\_\_

**Credit Card Information:** MasterCard, Visa, or American Express

Name (as it appears on Card) \_\_\_\_\_  
Card # \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Signature Panel Security Code: \_\_\_\_\_  
Billing Address if different: \_\_\_\_\_ City \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Cardholder's Signature: \_\_\_\_\_