

DANCE EMPIRE

2024-2025

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

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

I hereby allow Dance Empire to maintain my credit card information on file. I understand that I do have the option to pay by Credit Card, Check, or Zelle, however **Check & Zelle payments must be received by the last day of the month prior to billing**, otherwise the credit card on file will be automatically charged on the 1st of the month. I also understand there is an additional 4% processing fee for credit card payments and a \$2 Zelle fee when payment sent by Zelle to danceempireofmiami@gmail.com. There is no additional fee for check payments. If a check is returned there is a \$30 fee that will be charged automatically to the card on file, as well as the amount of the check that was returned & the 4% cc fee. I understand that after the 5th of every month the system automatically adds a \$25.00 late fee to my tuition. **I am aware that it is my responsibility to notify Dance Empire if there are changes to my account by the last day of the month prior to billing and that this notice shall be made in writing. Should you fail to notify us in writing, Dance Empire shall not be responsible for refunding monies and this includes dropping classes, switching classes, suspending classes, etc. I understand that if this notification does not take place by the last day of the month prior to billing, my credit card will be automatically charged the agreed amount of tuition per this registration form.** I understand that I must immediately sign a new registration form with the new amount to bill monthly upon additions or suspensions of classes. I understand there will be **NO REFUNDS, CREDITS, or EXTENDED PAYMENTS** for missed classes or for dropping the class altogether without prior notification as described hereto.

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. This agreement is in effect from the signature date until the last day of class in May 2025, and I understand that my tuition has been divided into 10 equal installments payable between September 2024 – June 2025 (note this agreement includes a final payment made for June 2025 even though there are no classes in June as this is your 10th payment). If classes are started in August 2024, there is a separate half payment for the month of August 2024. 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.

I have read and understand all of the above on this the _____ Day of _____, 20 _____

Parent or Guardian Signature: _____ Weeks 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: _____ City _____ St: _____ Zip: _____

Phone Number: _____

Cardholder's Signature: _____