

Diva Dance Registration Form

August 14th 2023– May 2024

\$25 Registration fee per person holds your spot in class, covers recital, insurance etc. Class sizes are limited! Send to 383 N. 400 W. Blackfoot, Idaho 83221 or turn in at the studio 26 N. 470 W.

Name _____ Age _____ Grade _____

Address _____ Birthday _____

Mom's Name _____ phone number _____

Dad's Name _____ phone number _____

Email _____

Make Checks Payable to Diva Dance or Venmo @Wendy-Schild

Yearly Registration Fee - \$25 per person. Registration Fee \$25 X _____ = \$_____

(Tuition prices on the back of this paper) If you register by June 15th, you will receive a free item.

Paying in full (August 16th through May 26th) INCLUDES REG.

If monthly regular tuition price is \$25 total is \$190.00 \$_____

If monthly regular tuition price is \$40 total is \$332.50 \$_____

If monthly regular tuition price is \$45 total is \$380. \$_____

If monthly regular tuition price is \$55 total is \$475 \$_____

If monthly regular tuition price is \$60 total is \$522.50 \$_____

If monthly regular tuition price is \$70 total is \$665 \$_____

Add on Classes If adding on Aerial Silk add \$332.50 \$_____

If adding combination class, ballet, cheer, or gymnastics add \$237.50 per add on +\$_____

Yearly Tuition \$_____

Paying Monthly - Monthly tuition \$_____

If paid before the month, subtract \$2.50 for August & \$5 other months - \$_____

If paid after the 15th of the month add a \$10 late fee + \$_____

Total amount paying \$_____

FAMILY DISCOUNTS

Paying in full 9 ½ months. This is for one class per child. Price includes Registration Fee

(2 in a family is \$690, 3 in a family is \$905, 4 in a family is \$1,215) Amount \$_____

If you are adding another class per child add \$25 X 9.5 = _____ x per child \$_____

If you are adding aerial Silk, add \$35 X 9.5 = _____ x per child \$_____

Total amount paying \$_____

Paying Monthly– This includes 1 class per person, but doesn't include aerial silk. You can add on aerial silk for \$35 a month or Combination Class, Ballet, Cheer or Gymnastics for \$25 a month. Monthly Price for 2 in a family is \$75, 3 in a family are \$90, 4 in a family are \$120. Aug. ½ price.

Monthly Price \$_____

How many are adding on a class _____ x \$25 = _____ + add on classes \$_____

How many are adding on Aerial Silk _____ x \$35 = _____ + add on classes \$_____

Total Amount = \$_____

Tuition and Registration is not refundable – However, you can make up missed class time. Ask and instructor for a make up day and time.

T Shirt Size _____ Street Shoe Size _____ Costume Size you want if you know this _____

Is there anything that we should know about your child? _____

Did anyone refer you to our team? _____

Please put a check by the classes you will be attending.

Aerial Silk

Beginning Tuesday 6:30-7:30 \$45 MONTHLY _____
Int./Adv. Wednesday 7:00-8:00 \$45 MONTHLY _____

Adult Team Tuesday 7:20-8:20 pm \$40 MONTHLY _____
If your child is in our studio, or you are a former student \$25 MONTHLY _____

Ballet

Kind. -3rd Wednesday 4:45-5:45 \$40 MONTHLY _____
4th-6th Wednesday 4:45-5:45 \$40 MONTHLY _____
7th-12th Thursday 6:00-7:00 \$40 MONTHLY _____

Cheer - Non Competitive Thursday 4:00-5:00 \$40 MONTHLY _____
Cheer Show Team has a different schedule announced after audition.

Combination Dance & Gymnastics (Mommy & Me for ages under 3)

Mommy & Me Thursday 3:30-4:00 \$25 MONTHLY _____
Preschool-Kind. Tuesday 4:00-5:00 \$40 MONTHLY _____
1st-3rd Grade Tuesday 5:00-6:30 \$45 MONTHLY _____
4th-6th Grade Tuesday 5:00-6:30 \$45 MONTHLY _____
7th-12th Grade Tuesday 5:00-6:30 \$45 MONTHLY _____

Gymnastics

Beginning (can't do a back walkover) Thurs. 4:00-5:00 \$45 MONTHLY _____
Intermediate (can't do a back handspring) Thus. 5:00-6:00 \$45 MONTHLY _____
Advanced (can do a back handspring) Thurs. 5:00-6:00 \$45 MONTHLY _____

Show Team Classes – You must audition and be placed in our Company Teams!

Diva Dance Company \$60 MONTHLY _____
Diva Dance Company & Diva Cheer Company \$70 MONTHLY _____
Diva Cheer Company \$55 MONTHLY _____

WAIVERS AND RELEASE FORMS

(Parent Release Form for Photography and Videography) I, the undersigned, give permission for Diva Dance to use video footage and/ or photographs of my child,_____. This usage may include (but is not exclusive to) displaying publicly, distributing, or publishing photographs, and/or video of my child for the use in materials that include, but may not be limited to: -printed materials (brochures and newsletters - online and offline advertising and promotion -videos and digital images such for use on Social Media By signing this form, I acknowledge that I am giving unrestricted permission for my child’s image to be used in print, video, and digital media. I agree that Diva Dance Studio may use these images for a variety of purposes and that these images may be used without further notification. Parent/Guardian

signature_____ Date_____

Health Information and Medical Release/Waiver Form

I,

_____, the parent/guardian of

_____, acknowledge and agree that in participating in any dance, aerial silks or gymnastics class, workshop, rehearsal, competition or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to my child or me during any Diva Dance Studio classes, rehearsals, performances, competitions, or activities, I also exempt, release, and indemnify Diva Dance Studio, its owners, agents, volunteers, assistants, employees, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Diva Dance Studio. I further hereby voluntarily agree to waive my rights and that of y heirs and assign to hold Diva Dance Studio, its owners, agents, volunteers, assistants, employees, faculty members and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

Date signed:_____

