



2023-2024 Fall Registration Form

(Please print legibly)

38501 US HWY 19N
PALM HARBOR FL, 34684
727-938-9008
Fusiondancenow.com

STUDENT INFORMATION

Student's Full Name: _____ Birth Date: _____ Age: _____

School: _____ Grade: _____ Preferred Name: _____

Home Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____

Any previous performance experience: _____ Where: _____

Any health information we should know (learning disabilities, physical impairments, allergies, etc.):

PARENT/GUARDIAN (Residing with child) INFORMATION

1. Name: _____ Relationship to Child: _____

Mobile Phone: _____ Work Phone: _____

Email: _____ Place of Employment: _____

Parent/Guardian Driver's License #: _____ State: _____

2. Name: _____ Relationship to Child: _____

Mobile Phone: _____ Work Phone: _____

Email: _____ Place of Employment: _____

3. Name of Closest Relative or Friend: _____ Phone: _____

SEPARATED PARENT

Name: _____ Relationship to Child: _____

Authorized to Pick Up Child: Yes _____ No _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

HELPFUL INFORMATION – please be as specific as possible.



How did you hear about us? _____

Who can we thank for referring you: _____

What made us stand out the most over other choices: (i.e. customer service, experienced teachers, large facility, community oriented, affordable tuition, free introductory class, fun & family-oriented environment, different paths for students: recreational, performance or competition, age appropriate costumes, music and choreography) _____

_____ I give permission for my child to be photographed and/or videotaped during recital and for Fusion Dance Company (FDC hereinafter) promotional purposes.

_____ I understand that FDC cares about each student and their safety, therefore, FDC faculty and staff cannot supervise students that leave FDC before, between or after classes. Any trips should be with parental supervision and permission only.

_____ FDC faculty and staff have commitments throughout the day to teach and assist in the office. If you realize you will be more than 15 mins late after your child’s class is over, please contact FDC immediately at 727-938-9008.

_____ **I will keep a current email/phone number with FDC at all times, so I am well informed with the monthly newsletter sent out each month, updates, receipts and all communications.** I will also become a member of the FDC Closed Parent/Student Group on Facebook and check the FDC website at www.fusiondancenow.com for information. The monthly newsletter will come from MissDiana@fusiondancenow.com /text, please opt into texting. **Please take us out of your spam boxes.**

_____ I have been informed that tuition is non-refundable and that I am responsible for tuition until a **30-day written notice** of the student’s withdrawal has been received by FDC. I will keep a current credit card on file for tuition payments. I understand monthly billing statements are not distributed. Failure to keep my tuition current may result in my student not being allowed to participate in classes or rehearsals. FDC reserves the right to use the service of a collection agency or similar institution. If collection and/or litigation become necessary, I, the account holder, will be liable for any and all collection, attorney & court fees.

_____ If my new or returning student participates in the annual recital, a recital packet and shoes/tights list will be provided to me in late January/February. I understand that I am responsible for recital information & compliance. **I am aware that this year’s Recital is scheduled for June 8, 2024, with 2 mandatory weekday rehearsals scheduled for Wed June 5, 2024, and Thu June 6, 2024. Friday June 7, 2024, is a day off for all students to rest up for the show the next day. I also agree that my child will attend both rehearsals and the show unless otherwise pre-arranged with Miss Diana.**

_____ I read and received the student handbook when I registered and will receive Recital Policies after Winter Break. I will abide by the rules and regulations of FDC. **I UNDERSTAND THAT TUITION IS DUE ON THE 1st OF EACH MONTH AND A \$30 LATE FEE WILL BE ADDED ON THE 2ND OF EACH MONTH IF TUITION IS NOT PAID.** I will keep a current credit card on file for tuition. I have verified that all the above information has been submitted to Fusion Dance Company and is correct.

Date: _____ Signature _____



PAYMENT INFORMATION

Payment Plans:

Plan A: A current credit card will be required for each account. You may pay early each month with a different card or cash or check. If no payment has been made before the 1st the card on file will be charged. If an on file card declines, there will be a \$30.00 charge.

Plan B: Pay tuition in full at registration for first semester ending on Dec 22, 2023, Or on Jan 8th, when paying for second semester ending on June 8' 2024. (a discount will be offered)

REGISTRATION FEES

I have chosen Payment Plan: _____

New Student: \$50

Returning Student: \$35

And Registration Fee: \$_____

Family Plan: \$255 \$50 each additional student (i.e., two dancers would be \$255 + \$50 = \$305.00)

I understand that one make-up class is permitted for each class my child misses. Make-up classes must be taken within 30 days of the missed classes. I also understand that all fees paid are Nonrefundable and non-transferable. The parent or guardian is responsible for notifying, in writing, Fusion Dance Company, of any change to the credit card. The returned check/declined card fee is \$30. Should this provision have to be enforced by legal means, the undersigned person(s) is responsible for payment, as liquidated damages, the costs of collection, plus Interest at the legal rate and reasonable attorney's fees as determined by the Court or 15% of the amount collected failing such determination.

NAME OF PERSON RESPONSIBLE FOR

PAYMENT _____ Date _____

Relationship to Student: _____

Signature: _____

Witnessed by: _____



RELEASE AND AUTHORIZATION

Name of Student: _____

Indicated in the space below are any health problems or conditions of which the studio should be aware (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, chemical or neurological condition, special medication, knee/kidney/shoulder problems, etc.). I understand that risk of injury or illness is inherent in any physical activity and I, on behalf of, myself and my child, knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators, and executors, hereby waive and release Diana Griffin and Fusion Dance Company, LLC and its staff from any all claims or damages of any kind arising out of my child's participation in the exercise and/or dance program of Fusion Dance Company LLC. I further certify that the aforementioned student is in proper physical condition to participate in the exercise/dance program and that he/she has been examined by a licensed physician and found to be in proper physical condition to participate in said program. I, the undersigned, do hereby authorize Diana Griffin or her designated agents (being teachers or administrators employed by Fusion Dance Company LLC) to obtain medical treatment for my said child in emergency situations where I cannot be reached in time to authorize the treating physician to provide emergency medical services. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make Fusion Dance Company, LLC responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a power of attorney and shall remain in effect for one year from the date signed below.

SIGNATURE OF PARENT/GUARDIAN: _____ **Date:** _____

WITNESS (Must be at least 18 years of age) _____

EMERGENCY INFORMATION

Physician: _____ **Hospital Preference:** _____

Insurance Co. Policy No: _____

Allergies (food, medicine, etc.): _____

Additional Information/Comments (i.e. blood transfusions, etc.) _____

Initial: _____



Fusion Dance Company, LLC 38501 US
 Highway 19 N
 Palm Harbor, FL 34684

727-938-9008 www.fusiondancenow.com

CREDIT/DEBIT CARD AUTHORIZATION FORM

I/we hereby authorize Fusion Dance Company, LLC to initiate entries (withdrawals) from my/our credit card account for credit to the below-named account. I understand that tuition is based on a 10-month year which includes full tuition payment for the month of June. I understand that tuition payments are non-refundable and further understand that late fees will be charged to my credit card account as they are incurred.

This authorization will remain in effect until I/we notify Fusion Dance Company, LLC in writing by filling out the Fusion Dance Company withdrawal form. The withdrawal form must be completed and returned to Fusion Dance Company in the first week of the month. **I/We understand that there is a 30-day notice for all withdrawals and if the form is not completed and returned to Fusion Dance Company in the first week of the month that I/We will be charged an additional month's tuition from the time that I/we withdraw.** I further understand that any payment in all amounts paid to Fusion Dance Company constitutes agreement to Fusion Dance Company Policies.

Credit Card Information (check one): MasterCard Visa Discover

Card #: _____ Expiration Date: _____ CVV Code: _____

Name on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Mobile Phone Number: _____

Signature of Account Holder: _____ Date: _____

Student Name: _____

Semester Payment in Full (Non-Refundable) *discount

Check # _____ Cash _____ Credit Card _____

I understand that by paying the full semester tuition that I receive a discount and that the tuition is non-refundable and that the discount is only applicable to registration received by the first day of the semester. I further understand that although tuition will be paid in full for the semester, I will provide a credit card authorization to FDC for my account to cover incidentals.

Signature of Account Holder: _____ Date: _____