



Atlantic Ballet & P2PDance



Tuition & Registration Form

2017-2018

Student

Last Name _____ First Name _____

Age ____ Birth Date _____ Current Grade ____

Parent {Guardian Names} _____

Physical Address

Address _____ State ____ Zip Code ____

Mailing Address

Address _____ State ____ Zip Code ____

Telephone _____ Cell Phone _____

Student Email _____ Parent Email _____

Class/Classes _____

Dance Studio Liability Form Must Be Signed Before Beginning Classes

P2P Dance Fee Schedule

Payment by the class is \$13.50

Tech Classes	Point Classes	Cost Per	12	13	14	15	Registration
Per Week	Per Week	Class	WK Session	WK Session	WK Session	WK Session	Fee
1		\$12.50	\$150.00	\$163.00	\$175.00	\$188.00	\$20.00
2		\$10.00	\$240.00	\$260.00	\$280.00	\$300.00	\$20.00
3		\$9.40	\$338.00	\$367.00	\$367.00	\$423.00	\$20.00
2	2	\$8.75	\$420.00	\$455.00	\$490.00	\$525.00	\$20.00
5		\$8.30	\$498.00	\$540.00	\$581.00	\$623.00	\$20.00
3	3	\$7.85	\$565.00	\$673.00	\$659.00	\$707.00	\$20.00
7		\$7.40	\$622.00	\$673.00	\$725.00	\$777.00	\$20.00
4	4	\$6.95	\$667.00	\$723.00	\$778.00	\$834.00	\$20.00

P2P Dance Studio & Atlantic Ballet Company
Liability Waiver and Acknowledgment of Risk:

READ AND SIGN BELOW

**REGISTRATION INCOMPLETE WITHOUT SIGNATURE AND
MUST BE COMPLETED BEFORE CLASS**

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury or death.
I voluntarily agree, therefore, to assume all risks and responsibility (or any such injury or accident, which might occur to me or my child during any of P2P Dance Studio & Atlantic Ballet Co. classes, rehearsals, performances, or activities.
I also exempt, release, hold indemnify P2P Dance Studio & Atlantic Ballet Co., its owners, agents, volunteers, assistants, employees, guest artists, 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 P2P Dance Studio and Atlantic Ballet Co.
I further hereby voluntarily agree to waive my rights and that I hereby assigns to hold P2P Dance Studio and Atlantic Ballet Co., its owners, agents, volunteers, assistants, employees, guest artists, 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.

Permission is granted P2P Dance Studio & Atlantic Ballet Co. to use photographs of students for publicity purposes.

I have read, understood and agree to be bound by the above statement (please print your name, sign & date):

PRINTED: - - - - -

SIGNED: - - - - -

If under 18, parents or legal guardian must sign

FOR:
Name _____

DATED: _____