

REGISTRATION AGREEMENT, PAYMENT AGREEMENT & MEDICAL RELEASE

Year _____

The P.A.C.E. Dance Studio

Student Information

Returning Student _ Year started @ PACE Studio _____ New Student _ How did you hear of us? _____

Student's Name _____ T-Shirt Size _____
Birthdate _____ Age _____ School _____ Grade in Fall _____
Medical Conditions? (Severe allergies, asthma, disabilities) _____
Emergency Contact _____ Relation to Student _____ Phone # _____

Account Information

Parent/Guardian Name _____ Home # _____
Email Address _____
Address _____ City _____ State _____ Zip _____
Mother/Guardian Employer _____ Cell # _____ Work # _____
Father/Guardian Employer _____ Cell # _____ Work # _____
Person Responsible for Tuition, if other than Account Holder _____

Method of preferred communication (please check at least one): home phone cell phone email

For Auto-pay Accounts Only

Credit Card# _____ Visa/MC/Disc/Amex (circle one) CVV code _____
Name on Card _____ Exp. Date _____ Zip Code _____

Payment Plan

Automatic Credit Card Payment Plan
I hereby authorize The P.A.C.E. Studio to automatically charge my credit card for monthly tuition payments on the 10th of each month.
_____ INITIAL HERE

Self-Pay Cash/Check Payment Plan
I choose to make payments via check and/or cash. I understand that if no payment is made by the 10th of the month, The P.A.C.E. Studio will charge my credit card on file for the monthly tuition and will incur the \$10 late fee.
_____ INITIAL HERE

Registration & Hold-Harmless Agreement

I have read and understand all The P.A.C.E. Studio's Studio Policies and Tuition Information as detailed in the Studio Brochure. I will uphold the terms of this agreement.

In the event of injury or accident, I hereby authorize my child to receive any emergency medical attention deemed necessary while present at The P.A.C.E. Studio, if parents or emergency contacts cannot be reached by telephone. I also hereby release, indemnify and hold harmless The P.A.C.E. Studio and its staff from all liability or claims. I also give the P.A.C.E. Studio to take media of my child for their duration of their enrollment at the P.A.C.E. Studio.

Signature _____ Date _____
Mail to: The P.A.C.E. Studio 4634 Lori Lane Pace, Florida 32571 or email PaceStudio@live.com with
Annual Registration fee of \$ _____ per child plus tuition for first month.

PLEASE COMPLETE PAGE 2 (CLASS INFORMATION)

