

# 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 11<sup>th</sup> of each month.  
\_\_\_\_\_ INITIAL HERE

Self-Pay Cash/Check/Card 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

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 grant to The P.A.C.E. Studio, its representatives, and its employees the right to photograph and/or record myself and/or my child in connection with The P.A.C.E. Studio. I authorize The PACE Studio, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail to: The P.A.C.E. Studio 4634 Lori Lane, Pace, Florida 32571 or email [PaceStudio@live.com](mailto:PaceStudio@live.com) with Annual Registration fee of \$20 for 1<sup>st</sup> child + \$10 for each additional child and first month's tuition.**

