



RETURN TO STUDIO

STUDENT REGISTRATION

Registration fee \$35 for first student - \$20 for every other within the same family.

Student 1 - Name: _____ Age: _____ DOB: _____

Classes you are registering for: _____ Day: _____

School Attends: _____ Grade: _____

Student 2 - Name: _____ Age: _____ DOB: _____

Classes you are registering for: _____ Day: _____

School Attends: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Cell #: _____ Alternate #: _____

Email: _____

Emergency Contact: _____ Telephone #: _____

Does student have any allergies or special needs that Fused Dance Center needs to be made aware of?

Yes___ No___ If yes, explain: _____

NOTE: We utilize e-mail to keep parents updated on important info. Please add us to your contact list: fuseddance@yahoo.com.

ACKNOWLEDGEMENT, MEDICAL RELEASE, PERMISSIONS AND WAIVER OF LIABILITY:

To be signed by participant or participant's guardian if participant is a minor.

I herby acknowledge my receipt and understanding of the information disclosed on this registration form. I herby grant permission to the Fused Dance Center staff and dance instructors to obtain medical care from any licensed physician, hospital, medical clinic or emergency medical service organization for the above named at such times as deemed necessary for physical health purposes. I waive all claims against and agree not to sue the Fused Dance Center, L.L.C., its officers, agents, and employees as a result of my or my child's participation in the above activities including any decision or action regarding medical care for me or my child. I grant permission for my child's pictures, likeness, videos, ect. to be used by Fused Dance Center on their website, in newsletters and in any form of advertising/marketing for Fused Dance Center, L.L.C. without compensation.

Print Name _____ Relationship to Student: _____

Signature _____ Date _____

FUSED DANCE CENTER, L.L.C.

922 Gainesville Highway, Suite 111, Buford, Georgia 30518

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking, savings, or credit card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking account, savings account, or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

PLEASE FILL OUT INFORMATION BELOW

I, _____, authorize Fused Dance Center, L.L.C. to charge my bank account or credit card indicated below on the **25th** of each month for payment of dance tuition.

Billing Address _____ Phone# _____
 City, State, Zip _____ Email _____

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Credit Card
Name on Acct	_____	Name	_____
Bank Name	_____	Type	Visa___ MC___ Amex___ Discover___
Account Number	_____	Card#	_____
Bank Routing #	_____	Exp. Date	_____
Bank City/State	_____	Security Code	_____ Zip Code _____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Fused Dance Center, L.L.C., in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Fused Dance Center, L.L.C. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

