

The EPIC Center 2021-2022 Registration Form

Student Name: _____ DOB: _____

Parent/Guardian Name & Number: _____

Address: _____ City _____ Zip Code: _____

Emergency Contact: _____ Number _____ Relation to student: _____

Email: _____ How did you hear about us? _____

Would you like to be considered for our performance team? YES NO

Does the student have any challenges we need to be aware of? If so, how can we best work with the student?

Class Enrollment:

CLASS NAME	DAY

My calculated monthly cost is: _____

Media:

I give my permission for my child _____ to be included in photography/videography of this program and for his/her image and likeness to be used on any of our social media platforms including our website, banners/ signage, Facebook, Instagram or any press releases and any other electronic or print media promoting The Epic Center.

____ (Initials)

Medical Release:

In the event that you are unable to reach me, in the case of accident or injury, I give my permission for treatment as deemed necessary by staff or emergency personnel.

Child Name: _____ Parent/ Guardian Signature: _____ Date: _____

HOLD HARMLESS

I, _____ do hereby hold harmless Amanda Ferreira, Amanda's Academy of Dance/Fine Arts Foundation, The EPIC Center and any/all teachers/instructors conducting classes at Amanda's Academy of Dance/Fine Arts Foundation and The EPIC Center at 1 Park Place Haines City, FL 33844 from any injuries incurred or aggravated, any personal property lost, stolen, or damaged while at any dance, Circus, Roller-skating, Art, Acting or Acro classes, functions, or events involving Amanda Ferreira, Amanda's Academy of Dance, The EPIC Center and any/all teachers/instructors of Amanda's Academy of Dance.

Signature: _____ Date: _____

Credit Card Auto-Bill Form 2021-2022

If you would like the convenience of automatic recurring billing, please complete and sign this form. Please initial each statement and submit form to have all of your tuition charges AUTOMATICALLY charged to your credit card on the 1st of each month.

____ I understand that the full amount of tuition due on my account will be run on the 1st of every month (August 2021-May 2022), or if I start my auto-bill after the first month of classes, then the month immediately following its submission.

____ I am aware that if I'd like a copy of my statement of tuition, I can email the studio and request one.

____ If I wish to cancel my auto-bill payments, I must request cancellation in writing with 10 DAYS notice before the next charge occurs. My auto-bill will be cancelled and my card information deleted if my child drops out of his/her dance class, which I will notify the owners in writing with 10 DAYS notice before the next charge occurs.

____ Any refunds I am owed will be issued as a check, and not refunded to my credit card.

____ I understand if my card declines, there is a return payment fee.

Parent Signature: _____

We will keep the following credit card information on file to pay your tuition each month. Please fill in each blank:

Name on Card: _____ Amount to be charged each month: \$ _____

Card #: _____ Ex: _____ CVV: _____ Zip: _____

COVID-19, The Epic Center Participation Release

Thank you for your continued support and trust in Amanda's Academy of Dance/ AAD Fine Arts Foundation, Inc and The EPIC Center. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as the Coronavirus, at any time or in any place. Be assured that we have always followed state and federal regulations to limit the transmission of all diseases in our studio. Despite our careful attention to sterilization, disinfection and use of social distancing, there is still a chance that you could be exposed to an illness in the studio, just as you might be at your gym, grocery store, or favorite restaurant. Social distancing has reduced the transmission of Coronavirus. Although we have taken several measures to provide social distancing and contactless participation, please know that participation in Amanda's Academy of Dance/ AAD Fine Arts Foundation, Inc and The EPIC Center is AT YOUR OWN RISK.

Although exposure is unlikely, I do accept the risk and consent to participation. *Initial _____ I do hereby agree to adhere to all of the The Epic Center safety guidelines and measures to help stop the transmission of COVID-19. *INITIAL _____

I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin HEREBY RELEASE AND HOLD HARMLESS Amanda's Academy of Dance/ AAD Fine Arts Foundation, Inc and The EPIC Center their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____ Signature: _____ Date: _____

I have read all the studio information & policies including the monthly fees, insurance, uniforms, medical release, and hold harmless. I fully understand and agree to abide by these policies.

Parent Guardian Name: _____ Signature: _____ Date: _____