

## FALL POLICIES AND MEDICAL RELEASE FORM

Please Initial Each

\_\_\_\_\_ I understand **tuition is due on the 1<sup>st</sup>** and late on the 6<sup>th</sup> of every month.

\_\_\_\_\_ I understand I will receive a **\$10.00 late fee** if my tuition is turned in on the 6<sup>th</sup> of every month.

\_\_\_\_\_ I understand **make-up classes** are only allowed if my **child is ill or a family emergency**.

\_\_\_\_\_ I understand **tuition is the same regardless of holidays, absences, studio closures and/or vacations**.

\_\_\_\_\_ I understand if I choose to **withdrawal from the studio**, a **30 day written notice** is needed and I am responsible for that month's tuition.

\_\_\_\_\_ I understand tuition, costumes and performance **fees are non-refundable and not transferable**.

\_\_\_\_\_ I understand I, as a parent, am **responsible for keeping up with studio calendars** and happenings.

\_\_\_\_\_ I have **read M.A.D.P's studio class rules, guidelines and policies** and will respect them.

### Medical Release Form

I understand that class activities may involve hazards for which M.A. Dance Project and its faculty cannot be held responsible. I authorize staff at M.A. Dance Project to seek medical care in the event that my child becomes ill or injured in class or on the premises. I further understand and agree that the School, agents, representatives or employees may administer first aid in the event of minor injuries and family doctors will be called when, in the discretion of the School, it is deemed necessary. I also acknowledge that my child or self will be photographed or videotaped for education and performance purposes.

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

Print Name: \_\_\_\_\_