



2372 Advanced Business Center Drive
 Columbus, Ohio 43228 (614) 771-7550
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REGISTRATION FORM 2011/2012

Please complete one form per student. To ensure your spot in class, mail this form (or drop it off in our office) along with your registration fee of \$30.00. (Annual registration fee is non-refundable)

STUDENT INFORMATION

Student's Name: _____ Sex: _____ Age: _____ D.O.B: _____

Home Phone No.: (____) _____ - _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

School: _____ Grade: _____ Sibling's: _____

Parent's Name: _____ Work Phone: _____ Cell: _____

Parent's (Primary) E-Mail Address: _____

Other Parent's Name: _____ Work Phone: _____ Cell: _____

Other Parent's E-Mail Address: _____

Emergency contact other than parent or guardian: _____ Phone: _____

How did you hear about us? _____

Would you like to join the DCW Booster Club? Yes No Dues: \$5.00 single/\$10.00 family per year.

Class Request

Class	Day	Time

Office Use Only

 Registration Payment Received Date: _____ Receipt No. _____ Initials _____

Auto Pay? _____ Account Number: _____ Exp: _____

Family Discount? _____

Refer a Friend Discount? _____ Name of friend(s) _____

Assumption of Risk

As a legal parent, legal guardian and/or for myself as an adult, I hereby consent to participating in DCW Elite’s program. I recognize that potentially severe injuries, including permanent paralysis or even death, as well as other damages and losses can occur in any sport or activity involving height or motion including but not limited to dance, tumbling, trampoline, and cheerleading.

Release of Liability

I understand that it is the express intent of DCW Elite to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities, I hereby forever release DCW Elite (DCW Booster Club, Inc., its directors, officers, employees, coaches, teachers, and other members from all liability for any and all damages, losses, and/or injuries suffered by me or my child while under the instruction, supervision or control of DCW Elite.

As legal guardian or as an adult, I hereby agree to individually provide for the possible future medical expenses that may be incurred by me or my child as a result of any injury sustained while training at or performing for DCW Elite.

This acknowledgement of risk and waiver or liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Medical Emergencies

I hereby give my permission to DCW Elite and/or its operators to seek medical treatment for the above participant in the event they are not able to reach a parent or guardian. I also give permission for trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence

Medication Taken: _____ Allergies: _____

Other Medical Information: _____

Payment Policies

Payments for classes are due at the time of Registration. This enables us to keep a more accurate count of how many students are enrolled for each class without overbooking classes. You are not enrolled in any class until payment is received.

There is a \$30.00 Registration Fee per family that is to be paid when you enroll and must be renewed every September. This non-refundable fee covers the cost of registering, music, choreography, and maintaining your family in our records.

There is a 10% Discount for each additional member of the immediate family or each additional class per student calculated on the lower priced class(es), 15% for each third member or class and the maximum discount of 20% for each fourth member or class and up. The discount does not include private lessons.

Monthly tuition is due by the 1st of the month. A \$10 late fee will be added to all monthly tuition not paid by the 12th of each month. If payment is not made by the 1st of the following month, that class spot may be given to the next child on the waiting list.

Payment can be made in person by cash, check, Visa and MasterCard. You may also set up your account for automatic payments (Auto Pay) via your credit card on the first day of each month. **IF YOU PAY LATE MORE THAN 1 (ONE) TIME IT WILL BE MANDATORY FOR YOUR ACCOUNT TO GO ON AUTO PAY.** You are not permitted to carry balances over from month to month. By signing your child up for classes at DCW Elite you agree to the above payment policy.

Tuition is a monthly fee and is the same amount regardless of the number of classes in any particular month. No additional charge is assessed for months that offer five classes. In the months where holidays (or gym closings, snow days, etc.) affect the schedule of classes, no tuition is reduced. Recital and community performances are counted as lessons. The monthly tuition pays for your spot in class and is not a guarantee of a set number of lessons.

Checks should be made payable to DCW Elite and please note the student's name, the program, class day and the time on the memo portion of your check. A \$25 fee (and any additional court costs if necessary) will be assessed on all returned checks.

Tuition is not prorated for absences. As a courtesy, please notify us by phone (614-771-7550) if you will be absent.

Cancellation Policy

We hate to see you go but we realize that everyone will eventually grow up and/or move on. As a courtesy, we ask for a two week written notice before the end of the month if you are going to discontinue classes at DCW Elite. This is so we can invite the next person on the waiting list to join the class the following month. Please Note: **if two week written notice is not given, you will be billed for an additional month of tuition.**

Photo Release

I/we hereby give permission for DCW Elite and any of its affiliated organizations, including, but not limited to The DCW Booster Club, Inc. to use any photographs/videos taken of me or my child, or likeness thereof, for school sponsored promotional, news, or public relations purposes in print and/or electronic media

Signature of Student _____ Date _____

Signature of Parent/Guardian _____
if student is a minor _____ Date _____