

I agree to comply with the rules and regulations of Explore In Dance, Inc. as stated in the Studio Brochure and website (www.exploreindance.com). I certify that the above named student(s) is/are in good physical health and hereby give my permission for participation in the dance program. I understand that neither the school, nor any of its instructors is/are liable for any injuries sustained. Students take courses and participate in dance activities at their own risk. I hereby grant permission for photographs and videos to be taken of my student(s) and used to promote Explore In Dance, Inc.

Signature: _____ **Date:** _____

Explore in Dance, Inc. requires that you have a credit card on file. Tuition, costumes, and any other payments (excluding company fees) due that month will automatically be taken out on the 1st or 15th of each month.

If you would like to pay using another payment form, you must pay by the 15th of each month before being charged a \$10 late fee. If you do not make a payment by the 15th, the card below will automatically be charged.

Name on Credit Card: _____

Card Number: _____

Security Code: _____ **Expiration Date:** _____ **ZIP:** _____

Signature: _____

Please circle which day you would like your card to be charged:

1st of the month

15th of the month