



Enrollment Date (mm/dd/yyyy) _____

A.) Parent/Guardian Billing & Contact Information

Parent Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code _____

Mother/Guardian _____ Occupation (Opt.) _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Father/Guardian _____ Occupation (Opt.) _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

B.) Student(s) Information

First Name	Last Name	Date of Birth	School & Grade
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1. _____

Student Email Address / Cell _____

Student Medical Conditions _____

2. _____

Student Email Address / Cell _____

Student Medical Conditions _____

3. _____

Student Email Address / Cell _____

Student Medical Conditions _____

Student's Name _____ Date of Birth _____

Parent's Name _____

Home Address _____

Home Phone _____ Cell _____ Work _____

Insurance Carrier _____ Policy Number _____

Family Physician _____ Phone _____

Allergies _____ Last Tetanus _____

Medical Problems _____

Medications _____ Present State of Health _____

Over the counter medication my child is allowed to be given _____

AUTHORIZATION FOR TREATMENT OF MINOR

I, the undersigned, parent or legal guardian of _____ a minor, do hereby consent to the nurse or physician selected by The Pulse to perform routine tests and treatment for the health of my child in an emergency. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by The Pulse to hospitalize secure proper treatments for, and to order injection, anesthesia or surgery for my child as named above.

In the event of any emergencies during any of The Pulse performances or excursions, the undersigned hereby grants authority to be exercised at the discretion of The Pulse or chaperone to dispense over-the-counter medication.

Signature _____ Date _____

In case of any emergency and the parent or guardian can not be contacted please contact:

EMERGENCY CONTACT INFO:

Name _____ Relationship _____

Phone _____

I, by acknowledgement and complete agreement below, hereby declare both personally and/or as parent and/or legal guardian of the child that is or maybe less than 18 years of age (either party hereafter referred to as I and/or We) the following:

So that I and/or We can enjoy activities for which I may not be skilled I and/or We are informed that there is some inherent unavoidable risks, known and unknown, that may cause harm, loss, and personal injury in participating in any course of physical activity. Some risks cannot be avoided without destroying the unique character of these activities and can also be the cause of loss or damage to others, equipment and/or others personal property. Certain risks are indigenous to physical contact sports that involve any form of the martial arts, dance and any other activity that student, client, or spectator willfully engages in relation to or in affiliation with The Pulse.

I and /or We expressly agree that I and/or We fully assume 100% complete and full responsibility for all risks described above and/or any of others known or unknown. And hereby hold harmless and release 100% of all and any liability and discharge The Pulse, and/or each and every student, client, Owner, Operator, Officer, Partner, contractor, teacher, employee, agent, representative, and/or assessors or assigns from any and all manners of action or actions, lawsuits, debts, liens, contracts, agreements, promises, insinuations, liabilities, claims, rights, obligations, negligence, damages, losses, and expenses of any nature whatsoever, known and unknown for which I and/or We may have or may ever hereafter against each and/or every of the above referenced persons and/or entities by reason of use of any of the facilities, participating in any course of exercise , and/or any affiliation whatsoever with the all above.

I and/or We represent that student is in good physical and/or mental condition and that He/She has no impairments, ailments, disabilities or special circumstances to prevent them from undertaking any activity. And that if I and/or We have or become aware of a medical history, disorder, condition, concern, or any other doubt regarding any physical or mental issue that I and/or We should seek the consultation and/or examination of a Professional licensed physician before engaging in any and all activity or affiliation.

Furthermore, none of the parties above can unfortunately be held responsible, accountable, or liable for any and all personal property or public property in care of the undersigned. This includes but is not limited to damage, theft, or destruction of the same thereof and that I and/or We assume 100% full responsibility and risks of such property.

I and/or We finally acknowledge carefully reading, completely understanding, and agreeing 100% with the entire document releasing and discharging all and any future claims known and unknown expressly waiving any rights I may have against any of the above. I and/or We fully realize and understand that this is a binding legal document which completely eliminates any claims and effects any rights I may have with any affiliation specifically with The Pulse, all above, successors and/or assigns.

Student's Name _____

Parent/Guardian Name _____

Parent/Guardian Signature & Date _____

With the multitude of Pulse performances, events, competitions and concerts, we will provide professional quality photos and videos in an easy and efficient manner. Specifically, our professional photographer, Dan Milstein, and videographer, Andy Milkis, will make such available via the following site:

www.ThePulsePhotos.com

For questions, please contact:

- For Photos: Daniel@milsteinphoto.com or
- For Videos: andy@tlidesign.com

We'll notify you of new photos and videos, and give you the password for access using the email address you provide during registration.

With this, you will be able to download unlimited photos and videos from the entire season. From there, you can share them online with friends and family. As many as you want...as often as you want.

Photos and videos will be available online only.

You may print or make your own DVDs at no charge from the downloaded files. However, if you want either prints and/or DVDs to be provided by Dan or Andy directly, please contact them, to which an additional fee will be applicable.

PHOTO/VIDEO RELEASE FORM

I hereby grant The Pulse Performing Arts Studio permission to use my likeness in photographs and video in any and all of its publications and in any and all other media, appropriate to minors, whether now known or hereafter existing, controlled by The Pulse Performing Arts Studio in perpetuity. I will make no monetary or other claim against The Pulse for use of the photographs and/or video.

Student's Name _____

Parent/Guardian Name _____

Signature _____

Student Name (s) _____

A.) Classes (non-comp edge)

	Course Name	Day	Time / Hours	Student (if > 1)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

(for additional classes, please write on back)

Total Hours: _____

Student Name (s) _____

B.) Competitive Edge Pieces

	Piece Type	Day	Time	Student (if > 1)
1	Group / Production Rehearsals	Friday	4:00 – 9:00	All
2	Comp Edge Technique	Saturday	11:00 – 1:00	All
3	Group / Production Rehearsals	Saturday	1:30 – 5:00	All
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

(for additional pieces, please write on back)

Total Pieces: _____

Classes and Nova

Includes:

- Tuition for classes
- Costumes
- Company Performances
- Recital Performances
- May Recital Tickets (*unlimited per family*)
- Unlimited access to our Photo & Video Services
- Master Class series for companies

<u>Class (s) Per Family</u>	<u>Tuition</u>
<i>Pre-School – 1st Term</i>	<i>229 Each</i>
<i>Pre-School – 2nd Term</i>	<i>249 Each</i>
1	749
2	1,469
3	2,189
4	2,899
5	3,609
6	4,319
7	5,019
8	5,719
9	6,419
10	7,109
11	7,799
12	8,489
12+	8,489 + 669 per hr
<i>Nova (per student)</i>	<i>1,199</i>
<i>Nova 2 (per student)</i>	<i>899</i>
<i>Nova Jr (per student)</i>	<i>599</i>
<i>Mini Conservatory (Not Edge)</i>	<i>Normal Class</i>
<i>Pre-Pointe (30 min)</i>	<i>Courtesy</i>

Competitive Edge

Includes:

- Competition Entry Fees for 4 Regionals
- Bootcamp in August
- Solo / Duo / Trio Rehearsals
- Group, Production and General Rehearsals
- Rehearsal and Entry Fees for Nationals
- Costumes for Group / Production Numbers
- Unlimited Access to our Photo & Video Services
- 2-Hour Technique Class on Saturdays
- Master Class series

<u>Comp Edge: Per Family</u>	<u>Tuition</u>
<i>1st Solo</i>	<i>2,449</i>
<i>2nd Solo</i>	<i>2,299</i>
<i>3rd Solo +</i>	<i>2,199</i>
<i>Duo / Trio</i>	<i>1,949</i>
<i>1st – 2nd Group (each piece)</i>	<i>1,699</i>
<i>3rd – 4th Group (“)</i>	<i>1,399</i>
<i>5th – 6th Group (“)</i>	<i>1,199</i>
<i>7th + Group (“)</i>	<i>1,099</i>
<i>1st Production</i>	<i>1,199</i>
<i>2nd Production</i>	<i>899</i>
<i>Heartbeats (2 pieces, 3 regionals)</i>	<i>999</i>
<i>Junior Crew (3 regionals)</i>	<i>799</i>
<i>Junior Hip Hop Troupe (3 regionals)</i>	<i>799</i>
<i>The following are part of group pricing:</i>	
<i>Junior Conservatory, Senior Conservatory</i>	
<i>Junior Tap Team, Tap Team</i>	
<i>Acro Team, Tap0, Détente, Crew</i>	
<i>On-Site Support (per family)</i>	<i>299</i>

Does not include:

- Costumes for Solo / Duo / Trio
- Optional Competitions / Conventions
- Outside / Requested Choreographers

A.) CLASSES AND NOVA		
Class / Tuition		
Nova		

B.) COMPETITIVE EDGE	<i>piece count</i>	<i>Cost per piece</i>	<i>total (= count * cost)</i>
1 st Solo		2,449	
2 nd Solo		2,299	
3 rd Solo (and subsequent)		2,099	
Duo / Trio		1,949	
1 st – 2 nd Group (s)		1,699	
3 rd – 4 th Group (s)		1,399	
5 th – 6 th Group (s)		1,199	
7 th + Group (s)		1,099	
1 st Production		1,199	
2 nd Production		899	
Heartbeats, Jr Crew, Jr HH Troupe		999, 799, 799	

TOTAL PIECE COUNT:		COMP EDGE TUITION:	
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PRELIM TUITION:	
Volume Discount:	
On-Site Edge Support:	299

FINAL TUITION:	
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C.) PAYMENT SCHEDULE	Due at Registration:	
	Subsequent:	

A. PAYMENT POLICY*:

1. Pay in full: 100% at registration
2. 3 installments: 50% at registration, 25% September 1st, 25% November 1st
3. Monthly: Payments will be applicable in equal monthly installments, with completion at January 1st.

*If it becomes necessary to refer your account for collection, you will be responsible for the cost of any legal action in addition to the overdue amount.

B. REFUND POLICY:

Full year Class Tuition:

When you register for dance classes and/or Competitive Edge you are making a full year commitment. Any changes herein must be submitted in writing to a staff member. This would include text or email.

The first week of non-Competitive Edge classes is **Monday, September 9th 2018 – Saturday, September 14th 2019**. For non-Competitive Edge, you must withdraw by **Monday, September 23rd 2019 in order to receive a full refund**. If withdrawal is beyond **September 23rd 2019**, there will be no refund or credit to your account. If not paid-in-full at that time, any additional payments are still due.

For Competitive Edge, or the nova jazz program, you must withdraw by Friday, **June, 28th 2019**, in order to receive a full refund. If withdrawal is beyond **June 28th 2019**, then no refund will be provided. If not paid-in-full at that time, any additional payments are still due. As well, you must inform us by this same date if you will NOT be attending our National competition. There will be no pricing benefits for not attending Nationals.

If withdrawal is related to illnesses or injuries, to which would require doctor's notification and to which would affect the totality of the year (as opposed to a given week or relatively finite period of time), then such notification must be provided near the commencement of absences, and a potential refund will be considered but not automatic.

Single Semester Tuition:

For single semester dance classes, you may withdraw within two weeks of the beginning of the semester for a full refund. Beyond the first two weeks, there will be no refund or credit to your account.

C. NOTIFICATION OF WITHDRAWAL

You must notify a staff member **in writing** that you are withdrawing your child (email or text will suffice). Telling your child's teacher will not activate the refund policy, nor will not attending the class.

D. SIGNATURE:

I have read and understand the above policies & received my copy, please initial: _____

Print your name _____

Signature _____ Date _____

Staff Initials / Validation:

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Print your name _____

Signature _____ Date _____

COPY OF POLICY – FAMILY RETAIN