

DGA Tampa Student Information Form 2019/2020

Student Name(s):		Age:		Birthdate:	
		Age:		Birthdate:	
		Age:		Birthdate:	
Address:					
City:		State: FL		Zip Code:	
Name of Insurance Carrier: _____				Policy #: _____	
Parent/Guardian Information:					
Mother's Name:				Occupation:	
Father's Name:				Occupation:	
Other:				Relationship to Child:	
Home Phone:		Work Phone:		Cell Phone (Mother):	
Primary Email Address:				Cell Phone (Father):	
Primary Email Address:				Other Phone:	

Please Note: It is extremely important to include cell phone numbers if you do not plan to be in attendance during your child's dance/gymnastics/tumbling classes. In case of an emergency or an injury if a parent is not present and cannot be reached, 911 will be called to aid and assist your child. It is also important to include an email address. This email address will be used to set up your online account, which will allow you to pay your tuition online. Privacy Notice: The above information will be used by the Dance and Gymnastics Academy of Tampa exclusively. This information will not be distributed to any other parties.

As a parent and/or guardian of _____,

I hereby consent to my child participating in The Dance and Gymnastics Academy of Tampa's programs. I recognize that injuries, even severe or fatal injuries, can occur in any activity involving height or motion. I hereby release The Dance Academy, Inc. dba The Dance and Gymnastics Academy of Tampa, its owner, instructors, employees, volunteers and property owner from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of the Dance and Gymnastics Academy of Tampa. I understand that my child must be covered by personal health insurance as the insurance carried by The Dance Academy, Inc. and the property owner will NOT cover medical expenses incurred due to injuries suffered by my child at The Dance and Gymnastics Academy of Tampa.

Please Complete and Initial All Items Below:

Are there any medical conditions that we should be aware of? _____

I have **received, read and agree** to policies and procedures of The Dance Academy, Inc.

I understand that payments must be received by the 25th of the month prior to remain actively registered.

I understand that I will receive discounted tuition by enrolling in the debit/credit authorization program in which my monthly tuition will be debited on the 15th of the month prior.

I authorize The Dance and Gymnastics Academy of Tampa to use, in perpetuity, the participants

likeness, voice or performance which has been recorded on tape, film, or other media. This information will be used for (1) instruction; (2) general education; or (3) entertainment purposes. Publications may include but are not limited to: cable television productions, videos, brochures, pamphlets, DVD, CD-ROM programs, or web pages.

I understand that students may not participate in class for the following: Unacceptable behavior, dress code violations or tuition unpaid by the 1st of the month. I fully understand and agree to comply with all of the policies, rules and regulations outlined in this packet.

Parent/Guardian Signature: _____

Date: _____

DANCE AND GYMNASTICS ACADEMY OF TAMPA

Authorization Form for Automatic Payment- Fall 2018/SPRING 2019

The Dance and Gymnastics Academy debits all customers' accounts for tuition. Tuition will be debited on the 15th of the month prior to the service. We use Authorize.net for all of our debited transactions. No credit card information will be saved on any of our computers. Once the credit card information has been entered into our software, it is then monitored and processed through Authorize.net secure processing system. For more information on Authorize.net, please visit their website.

Please fill out the information below to enroll in our Automatic Payment Program

Agreement: (Please Initial)

The Dance and Gymnastics Academy tuition debit is a continuous payment plan and fees are due by the 15th of each month. I understand that this plan will remain in effect until I wish to terminate The Dance and Gymnastics Academy.

I authorize The Dance and Gymnastics Academy to draft my account for the monthly tuition and any late charges which may occur. I also authorize any differences in tuition if class changes occur.

It is my complete understanding that if I wish to terminate this agreement, I must give the Dance and Gymnastics Academy 30-DAYS WRITTEN NOTICE **PRIOR TO MY NEXT DEBIT DATE**. Email/Phone notification will not suffice as a form of notice. If proper notice is not received, I will be held responsible for tuition regardless of whether or not my child attended DGA TAMPA.

Should any debit not be honored by my bank/credit card company for any reason, I understand that I am still responsible for the payment, **minus the auto pay discount**. There will also be a \$10.00 late charge applied by Dance and Gymnastics Academy if it is not paid by the 25th of the month.

Credit Card Type (Please Circle):	VISA	MASTERCARD
Name of Cardholder (as it appears on card):	_____	
Billing Address:	_____	
City:	State:	Zip:
_____	_____	_____
Card Number:	_____	
EXP Date:	(Month) _____	(Year) _____ CVC Code: _____
I(we) hereby authorize Dance and Gymnastics Academy to debit the above credit card on the date specified for tuition fees associated with their account.		
Cardholder's Signature	Date	
_____	_____	

For Office Use Only: _____	
Staff Signature: _____	Date: _____
Student's Name: _____	Class Code: _____
Student's Name: _____	Class Code: _____
Student's Name: _____	Class Code: _____

Free Trial:

Registered: