

Impact Performing Arts Center, LLC

Impact Dance

@dancewithimpact

232 E Main Street
 Port Washington WI, 53074
 262.689.3090
 iDANCEwithIMPACT@gmail.com
 www.DANCEwithIMPACT.com



Registration Form:

Summer Payment Plan: #1 pay in full #2 split (June 1 & July 1)

Fall Payment Plan: #1 Pay in full #2 Split (Sept 1 & Jan 1) #3 Monthly x 9 (1st&last +\$25)

| Level/Prep | Day of Week | Time | Monthly Rate | Year Total |
|---|----------------------------|------------------------|---------------|------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| Registration Gift- SIZE: | | | COLOR: | Class Total: \$ |
| Dancers Measurements: | | | | |
| Payment option: #1 / #2 / (#3 \$25-one x fee): | | | | \$ |
| Recital Costume: 1-3 \$80/ 4-5 \$90/ 5+-9 \$190/ HH \$80/ P \$95 | | | | \$ |
| Fish Day Parade \$65 | XMAS Parade \$65 | Co. AOW \$75 | | \$ |
| (due at registration) Revolutions Total: | | | | \$ |
| Amount Due Upon Registration: | | | | \$ |
| Payment Type: | | | | \$ |
| Remainder Balance Due 2023-2024 season: | | | | \$ |

I agree to the payment fees and terms listed above. **Tuition and costume payments are non-refundable or transferable.** A \$50+ class/schedule/rehearsal change fee will be applied to your account if altering your registration form or private/group/competition contract. Levels 5+ and higher need to maintain 90% attendance, to participate in shows, makeup lessons are an additional cost. There is a **\$15.00 late fee** if your monthly payment is received after the 5th of the month. Additional Private lesson, Company and Competition balances are billed separately. All accounts must be paid in full or current to participate and before show costumes will be handed out. I have read, and reviewed the 2023/2024 program packet.

Parent Signature _____ Date _____

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Student Information Form

Please write your child's name as you wish it to appear in Print.

DANCERS NAME: _____

DOB: _____ **AGE:** _____ **YEARS OF EXPERIENCE** _____

***MEDICAL CONDITIONS OR CONCERNS** _____

Parent Information

PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE: 1. Name/# _____

2. Name/# _____

EMAIL (please print) _____

***EMERGENCY CONTACT NAME/RELATIONSHIP other than above** _____

***EMERGENCY PHONE NUMBER (other then you, we will use phone #1 & #2 first)** _____

How did you hear about us? Social Media/ Parade / Word of mouth/ Friend _____

The undersigned, in consideration of being given instruction in dance, is being allowed to watch, participate, exercise, demonstrate or otherwise participate in the said dance at Impact Performing Arts Center, LLC, Port Washington, WI, does hereby irrevocably, personally, and for his and her heirs, assigns all legal representatives, release and waive any past, present and future claims, demands and causes of action, which the undersigned now has or may in the future have against Impact Performing Arts Center, LLC, Jennifer Ratorori, and any and all officers, employees, agents, independent contractors, instructors and/or assistant instructors the Impact Performing Arts Center, LLC for any and all past, present and/or future injuries received as a spectator, participant, contestant, or in any other manner or form of practice, exercise and/or demonstration, while on the premises of Impact Performing Arts Center, LLC.

The undersigned covenants not to cause any action at law or inequity to be brought, or permit to be brought on his or her behalf, either directly or indirectly on account of the occurrence of any of the aforementioned injuries against any of the aforesaid parties arising out of action by the undersigned while engaging in any of the aforementioned on the said premises.

Because of the physical demand of class instruction, student (parents or legal guardian, if applicable) understand that he/she must be in good physical condition to participate in the aforesaid course of instruction and exercises. I understand I am taking an intense physical activity. Impact Performing Arts Center, LLC strongly recommends a complete physical examination before taking part in the aforementioned activities.

I give Impact Performing Arts Center, LLC the right and release of its staff to photograph/videotape said participant for use of advertising and promotional purposes on the Internet, social media and print ads.

If the applicant is under 18, his/her parent or legal guardian, who will thereby be bound by all of the terms and conditions of this application written above, must sign this application.

Sign: _____

Date: _____