GRAY'S SCHOOL OF DANCE, INC.

REGISTRATION PACKET

2026/2027

COMPLETION OF THE FOLLOWING FORMS ARE NEEDED TO REGISTER STUDENTS FOR THE NEW DANCE SEASON:

1. STUDENT INFORMATION FORM
2. PARENT INFORMATION FORM
3. CREDIT CARD FORM (REQUIRED FOR ALL FAMILIES)
4. PARENT CONSENT FORM
5. LIABILITY WAIVER

The Cost of Registration is $25.00 (**All Credit Cards will include a $5 processing fee) and needs to be included with the Registration Packet before the application will be processed. Registration Packets are due April 15, 2025 and should be made separately from tuition payments!

Cash_____ Check _____ Credit Card_____

Thank you for choosing Gray's School of Dance, Inc. Our staff is devoted to building a studio of excellence and quality of dance education. We take pride in providing a fun, family oriented environment all while working on the technique and artistry that is dance. We look forward to a new and exciting season! Please feel free to contact the studio with any questions by phone, email, Facebook or Instagram.

Patty Gray & Staff

Studio Contact Information:

Gray's School of Dance

109 ½ Madison Street

Ottawa, IL 61350

Phone: (815) 434-5787

Patty Gray: (815) 434-5270 or (815)481-5787

Email: idance4gsd@yahoo.com

Facebook: Gray's School of Dance

Instagram: @graysschoolofdance

PARENT(S)/GUARDIAN(S) SUMMARY

Parent 1:

Name: _____ Relationship to the Child _____

Address: _____ City: _____ Zip_____

Primary Phone: (____)_____ Secondary Phone: (____)_____

Email: _____ ***Information and Notices will be sent via email***

Parent 2:

Name: _____ Relationship to the Child _____

Address: _____ City: _____ Zip_____

Primary Phone: (____)_____ Secondary Phone: (____)_____

Email: _____ ***Information and Notices will be sent via email***

Payment Information

Payment 1

Party Responsible for Payment(print name):
_____Signature:_____

Address: _____

Phone #_____ Child or % of Payment Responsible _____

Payment 2

Party Responsible for Payment(print name):_____Signature:_____

Address: _____

Phone #_____ Child or % of Payment Responsible _____

___ New Student Returning Student ___

STUDENT INFORMATION

Any dropped or added classes AFTER September 30th will be charged a $5.00 fee.

1st Student's Name: _____

Birth Date: _____ Age: _____

Dance classes: _____ Preschool _____ 2nd year Preschool _____Kindergarten

ballet_____Tap_____ jazz _____Hip Hop _____ Tumbling _____ Pointe _____

School: _____2026-2027 Grade: _____

2nd Student's Name:_____

Birth Date:_____ Age:_____

Dance classes: _____ Preschool _____ 2nd year Preschool _____Kindergarten

ballet_____Tap_____ jazz _____Hip Hop _____ Tumbling _____ Pointe_____

School:_____2026-2027 Grade:_____

3rd Student's Name:_____

Birth Date:_____ Age:_____

Dance classes: _____ Preschool _____ 2nd year Preschool _____Kindergarten

ballet_____Tap_____ jazz _____Hip Hop _____ Tumbling _____ Pointe_____

School:_____2026-2027 Grade:_____

4th Student's Name:_____

Birth Date:_____ Age:_____

Dance classes: _____ Preschool _____ 2nd year Preschool _____Kindergarten

ballet_____Tap_____ jazz _____Hip Hop _____ Tumbling _____ Pointe_____

School:_____2026-2027 Grade:_____

Adult Classes:
Name: _____ _____(Tap)

Phone:_____ _____(Ballet) (NO CLASS SET – INTEREST ONLY)

EMERGENCY CONTACT FORM (REQUIRED)

NAME OF PARTICIPANT: _____

ALLERGIES: _____

_____

_____

_____

MEDICAL CONDITIONS:

_____

_____

_____

MEDICATIONS:

_____

_____

_____

_____

PRIMARY EMERGENCY CONTACT:

NAME: _____

ADDRESS: _____

PHONE NUMBER (____) _____ RELATIONSHIP TO CHILD: _____

SECONDARY EMERGENCY CONTACT:

NAME: _____

ADDRESS: _____

PHONE NUMBER (____) _____ RELATIONSHIP TO CHILD: _____

Gray's School Of Dance Inc.
Parent Consent Form

(please initial next to each statement, acknowledging you read, understand and agree to the terms)

_____ **Payment of tuition is DUE ON THE 10th OF THE MONTH.**

_____ **You have until the 15th of each month to pay tuition. On the 16th, we will add a 10% late fee and run your credit card on file, unless you have called and talked to Patty. If you fail to make payment after that we will charge your card.**

_____ A $25 return check fee will be added on all insufficient fund checks.

_____ If you are not available to pay in person, please either call the studio for payment over the phone or mail your tuition to avoid late fees.

_____ There will be a $5.00 fee for any dropped or added classes AFTER September 30th. Please mark what classes your child will be taking carefully.

_____ If your child is absent due to any reason: illness, vacation, or other activities, payment is STILL due by the 10th to continue to hold the spot in class for your child. There are NO REFUNDS for missed classes.

_____ We offer automatic credit card deductions for monthly tuition. We except VISA, Master Card. A Credit Card Authorization Form will need to be completed and signed to take advantage of this automatic deduction. Credit cards will be charged on the 10th of the month, unless the 10th falls on a day that the studio is closed, at which time it'll run next day the studio office is open. ******Autobill cannot be run through the dance studiopro application******

(THERE IS A $5.00 ADDITIONAL FEE FOR THIS SERVICE)

_____ If parents are splitting payment for their dancer(s), written consent must be given from **BOTH** parents as to whom is paying what portion of the charges. Any changes that will affect payment must be approved by both parties, who must each inform our office manager of such changes. It is the responsibility of the parents to figure out payment plan and to notify the office of any change.

_____ **TUITION REMAINS THE SAME EACH MONTH REGARDLESS OF WHETHER IT IS A 5-WEEK MONTH OR A SHORTENED MONTH DUE TO HOLIDAYS.** Tuition is not pro-rated, refunded or credited for missed classes or holidays. Any student who misses a class may make-up in other classes that are comparable for their age/skill level.

_____ All accounts must be completely paid off by May 10th, 2026.

_____ **PHOTO RELEASE**: By initialing here, I give permission for photographs of my child in dance class or performances to be used in promotional material for Gray's School Of Dance in both print and web publications.

By signing below, you are acknowledging that you have read and understood all policies & procedures, tuition policy, and fees associated with dancing at Gray's School Of Dance Inc.

Parent Name): _____

Dancer's Name(s): _____

Parent Signature: _____ Date: _____

Gray's School Of Dance Inc.

Release and Waiver of Liability and Indemnity Agreement

In Consideration of being permitted to participate in any way in the Dance Program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent (s) and/or legal guardian(s) of the minor participant names below agree:

1. **The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below dance activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.**
2. **I/We fully understand and acknowledge that:**
    a. **There are risks and and dangers associated with participation in Dance events and activities which could result in bodily injury, partial and /or total disability, paralysis and death.**
    b. **The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.**
    c. **These risks and dangers maybe caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.**
    d. **There may be other risks not known to us or are not reasonably foreseeable at this time.**
3. **I/We accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.**
4. **I/We HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the dance facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the dance event or program, premises and event inspectors, underwriters, consultants and other who five recommendations, directions, or instructions to engage in risk evaluation of loss control activities regarding the dance facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee"…FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.**
5. **I/We acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OF THE RELEASEE OR OTHERWISE.**
6. **EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal effect.**
7. **On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.**

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE THE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, ANDHAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPELTE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent or Guardian Signature (if minor)_____

Print Name of Participant:_____

Address of Particpant:

_____

Gray's School Of Dance Inc.
Credit Card Policy & "Autobill" Form

CREDIT CARD POLICY:

• Unless full year tuition has been paid in advance, we require that **EVERYONE** have a credit card on account. Forms are destroyed at the end of each season.
You can still pay with cash or check.

• We will not use your card unless:
- You do not pay monthly tuition by the 15th, at which time we will add a 10% late fee and run your card to cover the monthly tuition/fee.
- You give us permission to use your card for tuition.
- You have outstanding charges on your account. After a month, we will run your card for all expenses that have not been paid for.

Please give your credit/debit card information below(we do not accept Discover):
Name on card_____ **Circle Type of card: Visa MC**

Card Number_____ **Exp.**_____**Security code:**_____

Card Billing Address:_____

City:_____ **State:**_____ **Zip:**_____

Signature of Cardholder_____

CREDIT CARD PAYMENT OPTION:

(THERE WILL BE AN ADDITIONAL $5.00 FEE FOR THIS SERVICE)
(Please only initial this portion out if you'd like to have all your charges AUTOMATICALLY run on your credit card on the 10th of each month)

_____ I understand that the full amount due on my account will be run on the 10th of every month. If the 10th falls on a day that the studio is closed, I understand that they will run my card the next day the studio is open.

_____ I am aware that if I'd like a copy of my statement, I can ask the front desk for a copy to be printed for me.
_____ Your account will be protected. Only Office Management has access to this information.

Signature: _____ Date: _____

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