



LaMorne's Dance & Fitness, LLC
123-A Highway 80 East #274, Clinton, MS 39056

Office/Mobile: (601) 238-3303

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Registration Form

PLEASE PRINT CLEARLY.

Child's Full Name

Last Name First Name Middle Name

Age School/ Daycare Center

Parent/Legal Guardian Name

Last Name First Name Middle Initial

Mailing Address

Street No. & Name City State Zip Code

Home Telephone () Mobile Telephone ()

Email Address

Class(es) Selected: Creative Movement (2-4) Ballet (5+) Jazz (5+) Cheer (5+): Youth Fitness (2+)

I intend to enroll my child in LaMorne's Dance & Fitness, LLC for the 20 - Dance Session. This session will be held from February, 2010 to May, 2010. There is a \$ non-refundable registration fee per class due the first day of the session. The tuition is \$ per month. It is hereby agreed that tuition is due and payable in full at the time the agreement is completed and accepted. It must be received each month by the fifth (5th). I/we understand that I/we am/are responsible for the full amount of the tuition even if my child is withdrawn or dismissed from the program. The remaining balance is due and payable at the time of withdrawal or dismissal. Payments received more than five days after the due date will be assessed a \$10 late fee. Payments returned by the bank for insufficient funds will be assessed a \$35.00 returned check fee. I also understand that the LaMorne's Dance & Fitness reserves the right to deny students admission to their classes and programs when tuition payments are delinquent. Prompt payment of tuition is the foundation of our operating budget; therefore, legal action will be taken if necessary to recoup any delinquent fees. Furthermore, I agree that in the event it is necessary for the school to retain an attorney in order to enforce collection of tuition and fees due under this contract, the undersigned parent(s) or guardian(s) agree to pay all costs of collection including a reasonable attorney's fee and all court costs.

I release LaMorne's Dance & Fitness, LLC, or any of its employees, agents, or servants of and from any and all claims, demands, damages, actions or causes of actions, either at law or equity of every nature and kind whatsoever because of any matter of thing done, omitted, or suffered to be done, by the said LaMorne's Dance & Fitness, LLC or any of its employees, agents, or servants.

I hereby give the staff at LaMorne's Dance & Fitness, LLC permission to photograph or videotape my child participating in LaMorne's Dance & Fitness, LLC activities. I understand that such images will be the sole property of LaMorne's Dance & Fitness, LLC and may be reproduced and distributed for the purposes of marketing and promotion.

I, the undersigned, verify the above information as being true and correct. I understand that any misrepresentation above can result in disqualification from further participation.

Signature of Parent/Guardian Date

Printed Name