

Credit Card Authorization

By initialing below, I accept the following:

1. I will submit my credit card information to Joanne Brown Dancers later in the registration process over a secure server.
2. Please charge my credit card:
 Annually Monthly
3. If I have elected to have my credit card charged monthly, I hereby authorize Joanne Brown Dancers to charge my card on the 3rd day of each month, or the first business day thereafter if the 3rd day of the month is a Saturday or Sunday, for monthly tuition for any dancers I register for classes at Joanne Brown Dancers.
4. I hereby authorize Joanne Brown Dancers to charge my card on the 12th day of each month, or the first business day thereafter if the 12th day of the month is a Saturday or Sunday, for other dance related expenses including, but not limited to, costumes, dancewear, recital and other fees.
5. I understand that Joanne Brown Dancers will withdraw funds directly from my bank account as indicated above. I understand that these payments will continue until the conclusion of classes. I understand that if I wish to discontinue payment due to ending classes early or need to change my account information, I can do so by requesting a change form or writing a letter indicating the change. I further understand that a \$20.00 processing fee will be added to my account if funds are unavailable, and I may be subject to a late fee.

Waiver and Release

In consideration of the Joanne Brown Dancers permitting my child(ren) to participate in dance classes and all related activities including transportation, I hereby for myself, heirs, administrators and assigns waive and release any and all rights and claims of any nature I may have against the Joanne Brown Dancers and any organizations connected with injuries or damages of any nature which myself or my child may suffer while taking part in any activities connected with the studio.

I hereby represent that my child is of sound health and physically able to participate in studio activities.

I further DO DO NOT authorize my child to receive emergency medical treatment in case of injury.

Dancers agree to abide by the Studio and Attire Policies.

Parents agree to abide by the Studio, Attire and Tuition Policies Picture Release and Medical Release.

Signature_____

Date_____