



DATE: \_\_\_\_\_  
 IN BOOK: \_\_\_\_\_

# Registration Form 2011-2012

Last Name \_\_\_\_\_ Home Phone (515) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_

E-mail address (Required for monthly Newsletter & announcements) \_\_\_\_\_

Person(s) responsible for payment, if different from above \_\_\_\_\_

How did you hear about us?

FRIEND PERFORMANCE NEWSPAPER PHONEBOOK WEBSITE RETURNING STUDENT OTHER \_\_\_\_\_

Please list students below:

1) \_\_\_\_\_ ( ) ( ) / /  
 Student First Name Last Name M/F Age D.O.B. Grade (fall '11)  
 T-shirt Size (please circle one): YXS (4-6) YS (6-8) YM (8-10) YL (10-12) YXL (12-14) AS AM AL AXL

2) \_\_\_\_\_ ( ) ( ) / /  
 Student First Name Last Name M/F Age D.O.B. Grade (fall '11)  
 T-shirt Size (please circle one): YXS (4-6) YS (6-8) YM (8-10) YL (10-12) YXL (12-14) AS AM AL AXL

3) \_\_\_\_\_ ( ) ( ) / /  
 Student First Name Last Name M/F Age D.O.B. Grade (fall '11)  
 T-shirt Size (please circle one): YXS (4-6) YS (6-8) YM (8-10) YL (10-12) YXL (12-14) AS AM AL AXL

**CIRCLE CLASS CHOICES ON CLASS SCHEDULE**

(if more than one child, please put name by class choice)

**SEE ATTACHED SHEET FOR PAYMENT METHOD**

**PLEASE MAKE SURE BACK OF THIS FORM IS SIGNED!**

# 2011-2012 Release Statement

PART 1: Release to allow Grimes Superstars to Render First Aid and/or seek Emergency Services in the absence of Parents or Guardians

I fully understand that Grimes Superstars staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Grimes Superstars staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Grimes Superstars staff to call our doctor and seek medical help, including transportation by Grimes Superstars staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Grimes Superstars staff deem this to be necessary.

PART 2: Agreement not to sue or cause litigation versus Grimes Superstars, its agents or employees

We, the staff of Grimes Superstars, recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of twirling, tumbling, cheerleading, dance, acrobatics, and/or specialized sports training. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Twirling, Tumbling, Cheerleading, Dance, Acrobatics, and/or Specialized Sports Training can be dangerous and can lead to injury or death!

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

Grimes Superstars, its coaches, teachers and other staff members, will not accept responsibility for injuries sustained by any student during the course of Twirling, Tumbling, Trampolining, Acrobatics, Cheerleading, Dance, and/or Specialized Sports Training open workouts, or in the course of any exhibition, competition or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Grimes Superstars and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage which I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of injury. The parent should warn the child according to what the parent feels is appropriate. Grimes Superstars will only warn the child through "Safety Messages" and our teaching style and progressions.

I also give my permission to Grimes Superstars staff to give my child (ages 11 and older) Tylenol or Ibuprofen if deemed necessary.

PART 3: I grant permission to Grimes Superstars, it's advertising agencies, successors, licensees, and assigns, to publish and copyright for all purposes my child's name, pictures, and information concerning myself, my child and my property, upon which I have no knowledge of restriction on use, photographed while a member of the Grimes Superstars.

PART 4: I have read the policies, fees and payment plans. I agree to follow the rules as stated in the policies of the Grimes Superstars. If I fail to follow the rules as stated I know that my child will be dropped from classes. I agree to make the payments required for my child(ren) to participate in the classes he/she/they are registered and all other fees and merchandise involved. I also agree to pay any late fees outlined in these policies, legal fees, mediation or court costs if the Grimes Superstars have to pursue payment of my account.

**X**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## **EMERGENCY CONTACT INFORMATION:**

In case of an emergency **and the parent cannot be reached** we need another person(s) to contact for your child. In case of a medical emergency the person should live in or close to your community.

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor \_\_\_\_\_ Hospital \_\_\_\_\_

Is there any medical information we need to safely instruct your child, or give to medical personnel in an emergency? (i.e.: allergies, medications, etc)

\_\_\_\_\_

## CLASS SCHEDULE 2011-2012

	GREEN STUDIO	BLUE STUDIO
<b>M O N D A Y</b>	<b>Ms. Julia</b> 5:00-5:30 Baton I / 5:00-5:45 Baton II ♡	<b>Ms. Jenny</b> 5:00-5:45 Dance I: Tap/Ballet/Jazz (K) ♡
	<b>Ms. Alyssa</b> 5:50-6:35 PreK 3's: Tap/Ballet/Tumbling (3 yrs) ♡	5:50-6:20 Hip Hop I (K) ♡
	6:40-7:25 PreK 4's: Tap/Ballet/Tumbling (4 yrs) ♡	6:25-7:10 Dance II: Tap/Ballet/Jazz (1st-2nd) ♡
	7:30-8:15 Dance III: Tap/Ballet/Jazz (3rd-4th) ☆	7:15-7:45 Hip Hop II (1st-2nd) ♡
	8:20-8:50 Hip Hop III (3rd-4th) ☆	7:50-8:45 Dance IV: Tap/Ballet/Jazz (5th-6th) ☆
	8:55-9:40 Adult Zumba!*	8:50-9:20 Hip Hop IV (5th-6th) ☆
<b>T U E S D A Y</b>	<b>Ms. Aimee</b> 5:05-5:35 Hip Hop II (1st-2nd) ♡	<b>Ms. Lorainna</b> 4:30-5:15 PreK 3's: Tap/Ballet/Tumbling (3 yrs) ♡
	5:35-6:05 Cheer I (K-2nd) ♡	5:20-5:50 Boys Hip Hop (K-5th) ♡
	<b>Ms. Kate &amp; Ms. Aimee</b> 6:10-7:40 Hydra Competition Cheer ☞	5:50-7:05 Pyxis Competition Dance ☞
	7:40-9:30 Orion Competition Cheer ☞	7:05-8:20 Lynx Competition Dance ☞
		8:20-9:35 Phoenix Competition Dance ☞
<b>W E D N E S D A Y</b>	<b>Ms. Jamie</b> 5:00-5:45 Cheer II (3rd-5th) ☆	<b>Ms. Jenny</b> 5:00-5:45 Dance II: Tap/Ballet/Jazz (1st-2nd) ♡
	5:50-6:20 Tumbling I/II ♡	5:50-6:35 Dance I: Tap/Ballet/Jazz (K) ♡
	6:25-6:55 Cheer I (K-2nd) ♡	6:40-7:25 PreK 4's: Tap/Ballet/Tumbling (4 yrs) ♡
	<b>Ms. Aimee</b> 7:00-8:00 Open Gym*	7:30-8:00 Tap VI (HS) ♡
	8:05-8:50 Cheer III (6th & up) ☆	8:05-8:50 Jazz VI (HS) ♡
	8:55-9:25 Ballet/Lyrical VI (HS) ♡	
<b>T H U R S D A Y</b>	<b>Ms. Julie</b> 5:00-5:30 PreK 3-4's Tumbling (3-4 yrs) ♡	<b>Ms. Jenny</b> 4:10-4:40 Hip Hop III (3rd-4th) ☆
	5:35-6:05 Tumbling I ♡	4:45-5:30 Dance III: Tap/Ballet/Jazz (3rd-4th) ☆
	6:10-6:40 Tumbling II ♡	5:35-6:05 Hip Hop V (7th-8th) ☆
	6:45-7:15 Tumbling III ♡	6:10-7:05 Dance V: Tap/Jazz (7th-8th) ☆
	7:20-7:50 Pink Comp. Cheer Tumbling	7:10-7:40 Ballet/Lyrical V (7th-8th) ☆
	7:55-8:25 Black Comp. Cheer Tumbling	7:45-8:15 Pointe (must be in Ballet/Lyrical V or VI) ♡
	8:30-9:00 Tumbling IV ☆	8:20-8:50 Hip Hop VI (HS) ♡
	9:05-9:35 White Comp. Cheer Tumbling	<b>Naura</b> 8:55-9:25 Contemporary (6th & up) ♡



**GRIMES**  
*Superstars*  
DANCE • BATON • TUMBLING • CHEER

200 Gateway Drive, Suite 114  
Grimes, LA 50111  
515-986-9340  
www.grimessuperstars.com

**REGISTRATION FEE:**  
\$30/student or \$55/family

**RECITAL FEE:**  
\$50/student or \$90/family

**COSTUME COSTS:**

- ♡ = \$65
- ☆ = \$75
- ♡ = \$85
- ☞ = Competition costume

TUITION:	1st class	Add'l Class
30 min. class =	\$36/month	\$29/month
45 min. class =	\$53/month	\$43/month
55 min. class =	\$57/month	\$45/month
Sibling Discount = \$5 off total monthly tuition		
* = Punch card class (\$5/class)		
Competition Tuition not included		

-AGE LEVELS ARE TO BE USED AS A GUIDELINE ONLY; ALL STUDENTS ARE PLACED IN THE APPROPRIATE CLASS BY THE INSTRUCTOR BASED ON AGE AND ABILITY.  
-ALL CLASSES NEED A MINIMUM OF 6 STUDENTS AND ARE SUBJECT TO CHANGE. (updated 6/27/2011)

# Payment Method

Last Name \_\_\_\_\_ Home Phone (515) \_\_\_\_\_

## OPTION 1: PAY YEARLY

Pay total amount (all months Tuition, Costumes, and any additional fees required for the classes enrolled) and we will waive the \$50-\$90 Recital Fee. Recital Fee will be charged to those accounts not paid in full by October 1<sup>st</sup>.

## OPTION 2: POST-DATED CHECKS

To be written out for each month's Tuition, including Recital Fee in October, Costume Deposit in November, Costume Balance in December/January, and all Competition Fees (if applicable).

FOR OFFICE USE: CHECK #s \_\_\_\_\_

## OPTION 3: AUTOMATIC CREDIT CARD

Monthly deductions are made the first of each month for Tuition, including Recital Fee in October, Costume Deposit in November, Costume Balance in December/January, and all Competition Fees (if applicable).

(please circle)      MASTERCARD                      VISA

Name on account \_\_\_\_\_ Account number \_\_\_\_\_ Exp. \_\_\_\_\_

I/We authorize Grimes Superstars, L.L.C. to receive automatic payment for my monthly/yearly bill. It is also agreed the credit card named above will debit my account.

Signature (account holder) \_\_\_\_\_ Date \_\_\_\_\_

## OPTION 4: AUTO WITHDRAWAL FROM CHECKING

Monthly deductions are made the first of each month for Tuition, including Recital Fee in October, Costume Deposit in November, Costume Balance in December/January, and all Competition Fees (if applicable).

**PLEASE ATTACH A VOIDED CHECK.**

Name of Account Holder \_\_\_\_\_ Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

(9 digit number between symbols)

I/We authorize Grimes Superstars, L.L.C. to receive automatic payment for my monthly bill. I/We also give the right of reversal to correct withdrawals. It is also agreed the financial institution named above will debit my account.

Signature (account holder) \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE:

CHECK # \_\_\_\_\_ /CASH RECEIPT # \_\_\_\_\_ /CREDIT CARD APR # \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_

# YEARLY COST CALCULATION:

Registration Fee				=	\$ _____
Monthly Tuition	\$ _____	x	9	=	\$ _____
Costumes	\$ _____	+	\$ _____	+	\$ _____
Recital Fee	(waived)			=	\$ <b>0</b>
Competition Camp Fee	(if applicable)			=	\$ _____
Competition Entry Fees	(if applicable)			=	\$ _____
Competition Warm-Up	(if applicable)			=	\$ _____
Competition Merchandise	(if applicable)			=	\$ _____
Add'l Fees:				=	\$ _____
<b>YEARLY TOTAL</b>				=	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>

DUE TODAY

# MONTHLY COST CALCULATION:

	<u>Tuition</u>	+	<u>Extra</u>		=	<b>MONTHLY TOTALS</b>
August (competition)	\$ _____	+	(Competition Warm-up) \$ _____	)	=	\$ _____
September	\$ _____	+	(Registration Fee \$ _____)	)	=	\$ _____
October *	\$ _____	+	(Recital Fee \$ _____)	)	=	\$ _____
November	\$ _____	+	(Costume Deposit \$40 x _____)	)	=	\$ _____
December	\$ _____	+	(Costume Balance \$ _____)	)	=	\$ _____
January	\$ _____	+	(Costume Balance \$ _____)	)	=	\$ _____
February	\$ _____	+	(Competition Merchandise \$ _____)	)	=	\$ _____
March	\$ _____	+	(Competition Entry Fees \$ _____)	)	=	\$ _____
April	\$ _____	+	(Competition Entry Fees \$ _____)	)	=	\$ _____
May	\$ _____	+	(Competition Entry Fees \$ _____)	)	=	\$ _____
June (competition)	\$ _____	+	(Competition Entry Fees \$ _____)	)	=	\$ _____

FIGURED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

## Notes:

**\*Automatic monthly payments start October 1<sup>st</sup>** (Competition auto-payments start September 1<sup>st</sup>) and can only be stopped with **10 DAYS WRITTEN NOTICE** by filling out a Student Change Form at the Superstars studio. Post dated checks will be returned at that time. Yearly payments will NOT be returned.

Non-sufficient funds returns are subject to a \$25 processing fee, which will be collected in addition to normal fees.

**SORRY, NO REFUNDS.** We limit our class size and your child has reserved the spot that another student could have had. (Only exception is if you move out of the Superstars area (30+ miles away) or serious illness/injury)