



Elevate Studios a 501c3  
PO Box 3009  
Eustis, FL 32727  
407-333-0021  
www.elevatestudios.org  
info@elevatestudios.org

### ENROLLMENT FORM

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail/s: \_\_\_\_\_

Classes/Lessons: \_\_\_\_\_

Student's Birth date: \_\_\_\_\_ Male/Female: \_\_\_\_\_

**How did you hear about Elevate Studios?** (circle one) Website Google Facebook Magazine Radio

Print ad Elevate Live Show or booth: \_\_\_\_\_ Friend: \_\_\_\_\_

Other: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_



Image and Video /Audio Recording, Liability Waiver and Consent Form

WAIVER/CONSENT

I, the adult applicant or I, the parent or legal guardian of the applicant listed below, hereby give the approval of the applicant's participation in any and all Elevate Studios. programs, classes, private lessons and activities in which they are registered for and/ or participate in. I do waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, independent contractors, participants and persons involved in the operation of Elevate Studios. programs for any claims arising out of injury or other loss to named applicant or any member of his/her family whether as a participant in the activities or as a spectator.

\_\_\_\_\_

(Name of Student)                      (Parent/ Guardian's Signature)                      (Today's Date)

PHOTO/VIDEO/AUDIO RELEASE

I also give my consent for Elevate Studios. to video, photograph my child or myself for use in the studio, marketing material, website and press. If any child exhibits behavior that is dangerous to herself/himself or to other students, Elevate Studios. reserves the right to remove any student or participant from the program.

Also, In our monthly newsletter we feature students of the month, video tape student performances for you tube and our web site.

I \_\_\_\_\_give permission for the image, audio and or video recording of \_\_\_\_\_, to be used by Elevate Studios

\_\_\_\_\_

(Parent/ Guardian's Signature)                      (Today's Date)



## AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

(I/We) do hereby authorize Elevate Studios, hereinafter named the COMPANY, to initiate recurring (debit or credit) entries to (my/our) (Credit Card Account) as indicated. (I/We) acknowledge that the origination of ACH transactions to (my/our) account must comply with the provisions of U.S. law. Furthermore, if any such debit(s) should be returned NSF, (I/we) authorize the COMPANY to collect such debit(s) by electronic debit and subsequently collect a returned debit NSF fee of \$25.00 per item by electronic debit from my account identified below, and authorize all of the above as evidenced by my signature below.

One time registration fee: **\$35.00**(single)/**\$55.00**(family)

First month's tuition (pro-rated if applicable): \_\_\_\_\_

Total first month's charge: \_\_\_\_\_ Date: \_\_\_\_\_ Please initial here approving charges: \_\_\_\_\_

Continuous payments start date: \_\_\_\_\_ Payment amount: \_\_\_\_\_ (Regular Monthly Tuition)

**\*Payments are recurring and are deducted on the first of each month until a withdrawal form is submitted to the Studio office. All applicants are required to have a debit/credit card on file even if you choose to pay with cash or check\***

\_\_\_\_\_ **AUTO DRAFT FROM CREDIT CARD OR DEBIT CARD**

MC \_\_\_\_\_ VISA \_\_\_\_\_ AMERICAN EX \_\_\_\_\_ DISCOVER \_\_\_\_\_

Name of cardholder: \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.**

### **POLICIES, PAYMENT AUTHORIZATION AND WAIVERS (Sign after reading policies, payment authorization and waivers)**

I have read and understand Elevate Studios policies and procedures located on [www.elevatestudios.org](http://www.elevatestudios.org), payment authorization agreement, injury and vehicle waiver and agree to abide by them.

\_\_\_\_\_  
Student name (please print)

\_\_\_\_\_  
Signature of parent or adult student

\_\_\_\_\_  
Date