

PURE STUDIOS APPLICATION

Student Name _____ Male Female
 School _____ Grade _____
 D.O.B _____ Age _____ T-Shirt Size _____ Shoe Size _____
 Jacket Size _____ Pants Size _____ * _____

Main Contact (Person Responsible for Payment)

Name _____
 Address _____

Best Phone _____ Text Yes Alt. Phone _____ Text Yes

Email _____

CLASS CHOICES	LEVEL	COACH	RATES
*Classes are subject to a (5) student minimum			
<input type="radio"/> Hip Hop 1 - Beginners	Recreation	Blade	Members Basic Package - Receive 1 Dance Class Plus Package - Receive 2 Dance Classes Each Additional Class is \$100 for 10 weeks Non-Members \$25 Registration Fee Each Dance Class is \$100 for 10 weeks
<input type="radio"/> Hip Hop 2 - Intermediate	Recreation	Blade	
<input type="radio"/> Contemporary	Recreation	Idalis	
<input type="radio"/> Hip Hop - Freestyle	Competition	Frank	
<input type="radio"/> Hip Hop - Lyrical	Competition	Frank	
<input type="radio"/> Hip Hop - All Star Team	Competition	Frank	

*Participation in the All Star Competition Team is by Invite Only *There are Additional Fees for all Competition Level Teams

STUDIO LOCATIONS & SCHEDULES

Green Zone - 3731 Oleander Ave #109, Fort Pierce FL. 34982					Blue Zone - 10292 S US Highway 1, Port St. Lucie FL. 34953					
MON	TUES	WED	THURS	FRI	MON	TUES	WED	THURS	FRI	SAT
Idalis Contemporary 4:30-5:30pm		Blade -Hip Hop 1 Beginners 4:30 - 5:30pm			Blade -Hip Hop 1 Beginners 4:30 - 5:30pm			Idalis Contemporary 5:00 - 6:00pm		Frank / Comp ALL STARS 9:00am -11:00am
			Frank / B-Nerdz Ministry Team 6:30 - 8:30pm		Blade -Hip Hop 2 Intermediate 4:30 - 5:30pm					
					Frank / Comp Freestyle 6:00pm - 8:00pm			Frank / Comp Lyrical Hip Hop 6:00pm - 8:00pm		

TOTAL TUITION: _____ **ADMIN:** _____

Signed _____ Date: _____

Direct Debit (ACH) Authorization form

Updated August 23, 2018

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. The charge will appear on your bank statement as an "ACH Debit."

Child's Name(s) _____

I _____ authorize Club Pure Inc. to charge my bank account according to the attached membership terms and signed financial agreement. Total : \$ _____ Start Date: _____

Billing Address: _____

City / State / Zip: _____ Phone: _____

Email Address : _____

Check Information

Account Type: Checking

Name on Acct: _____

Bank Name : _____

Account # _____

Bank Routing # _____

Bank City/State: _____

Debit/Credit Card Information

Card Type: VISA MASTER _____

Exp. _____
Month / Year

3-Digit Code: _____
Found on the back of your card

I verify that my information is correct

Initial

Please provide a voided check.

Payments will be charged to your account on Friday, for the following weeks tuition.

I understand that this authorization will remain in effect until the last payment of the financial agreement, and I agree to notify Club Pure Inc. in writing of any changes in my account information prior to the next billing date. There is a two weeks written notice required to cancel this recurring debit authorization. If the above noted periodic payment date falls on a holiday, I understand that the payment may be executed on the previous / following business day.

I understand that because this is an electronic transaction, these funds may be withdrawn from my account on the above noted periodic transaction date. In the case of an ACH / Debit Transaction being rejected for Non-Sufficient Funds (NSF) or Stop Payment, I understand that Club Pure may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt returned, which will be initiated as a separate transaction from the authorized recurring payment.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form.

I understand that accounts that are 90 days past due will be reported to Equifax, Experian and TransUnion.

I the undersigned have read, agree to, and understand the terms of this authorization form.

Signature of Parent / Legal Guardian: _____ Date: _____

Club Pure Inc. Liability Release/Waiver

I (Parent) _____ for myself, any other parent and participant, in connection with my son/daughter namely; _____ attending and participating in the dance classes hereby agree as follows;

Acknowledgement of Risks

The undersigned understands that there are certain dangers, hazards and risks (forseen and unforeseen) inherent in attending and participating in the mentioned program activities, including, without limitation, risks related to use of equipment, facilities, and transportation, personal safety (including risks of minor, serious or mortal personal injury) and risks of property damage.

Express Assumption of Risk and Responsibility In recognition of the hazards, dangers and risks (forseen and unforeseen) associated with attending and participating in our program activities, the undersigned confirms that the participant is physically and mentally capable of attending and participating in all activities and use of equipment associated with our programs. The participant is willingly and voluntarily attending and participating and the undersigned agrees that they and the participant shall assume all dangers, hazards and risks (forseen and unforeseen) inherent in, arising from or related to the participants attendance and participation in the program and activities.

Participant Responsibilities

The undersigned and participant agree to the following : Acceptable Conduct by Participant. During attendance and participation in the program activities, which may include travel to and from Pure Academy. facilities, the participant will act in a responsible manner and will abide by the instructions of any personnel, and will comply and follow the rules and regulations of Pure Studios.

Participants Health (Health Insurance Coverage)

In anticipation of the participant's enrollment in the program, the undersigned and participant have consulted with a medical doctor with regard to the participant's medical condition. The participant has no physical or mental conditions which could cause him/her to be a danger to himself/herself or to others, is capable of participating in all activities associated with the program activities and has submitted the required health insurance information.

Waiver of Pure Academy (Liability Realease and Hold Harmless)

In consideration of the attendance and participation in the program activities and knowing the dangers, hazards and risks (forseen and unforeseen) of attending and participating in the program activities, the undersigned, for themselves, any other parent and the participants, understands and agrees to RELEASE AND HOLD HARMLESS Club Pure Inc. and it's current, former officers, directors, employees, attorneys, representatives and agents and waive any claim for injury and damage resulting from participant's attendance and participation in the program activities.

Acknowledgement

The above named participants has my permission to participate in the program above. If contact is unsuccessful, I give my permission to the attending director or group overseer to render medical treatment to the participant(s) including (if necessary) hospitalization. Any expenses arising from the injury or illness is the responsibility of the person signing below.

Acknowledgement

It is the express intent of the undersigned that this agreement shall bind the undersigned, any other parent, the participant, the participant's family, estate, heirs, administrators, personal representatives or agents. The undersigned acknowledges that they have read and understood this document and the RELEASE AND HOLD HARMLESS provisions.

I have read and understand the liability waiver.

Signed _____ Date: _____

Legal Guardian Completing Application

Promotional Release (Photographs and Video)

I hereby authorize Club Pure Inc, hereafter referred to as "Company", to publish photographs taken of my child and/or his/her name and likeness, for use in print, online and video based marketing materials, as well as other Company publications. I hereby release and hold harmless Club Pure Inc from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and that i will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other company publications. I acknowledge and agree that publication of said photo's confers no rights of ownership or royalties whatsoever. I hereby release Club Pure Inc, its contractors, its employees and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Signature of Authorization:

Print Name: _____ Signed: _____ Date: _____