

initial	I will attend all STARS program meetings to ensure I have received all information, schedules, and training; and that my child's participation is not adversely affected due to my/our absences from mandatory meetings. The Kick-Off Meeting for parents and dancers will be held September 5, 2017 from 6:00 – 7:00 p.m. @ UDA South Jordan Studio.
initial	I will maintain a working email address, advising the STARS program manager with any updates so I may receive all STARS program communications. I will check this address 2-3 times weekly for updates during choreography and rehearsal months, and daily during the performance season. I will provide all information requested throughout the season <u>before required deadlines</u> .
initial	I understand that family members will be REQUIRED to volunteer in some capacity during the year. This could include fun responsibilities such as photo shoots, backstage help, performance events, bulletin board creations, overseeing parties, etc.
initial	I authorize UDA and/or Don Polo Photography to photograph/videotape the individual dancer listed above in promotional material.

STARS Drop Out / Withdrawal Fee Schedule	
If I cancel my dancer's placement prior to Friday September 8, 2017, I will lose my \$30 Commitment Fee and I will also pay a \$30 Cancellation Fee.	After September 8, 2017, I understand I will lose my \$30 Commitment Fee, and I will also pay a \$30 Cancellation Fee as well as pay the balance of the \$378 STARS program fee.

Withdrawal from the program requires a personal meeting with the Program Director, in addition to written notification of withdrawal per the UDA class withdrawal policy. Note: Tuition refunds are subject to the UDA class withdrawal policy based upon the date of written withdrawal notification. Spring recital and costume fees are non-refundable. Medical withdrawals will be handled on a case by case basis.

_____ I have read, understand and agree to all of the aforementioned information including the Drop Out/Withdrawal Fee schedule. I guarantee full payment of said fees on the day that I withdraw my dancer from the UDA STARS program.

_____ I understand and will support the Dancer Agreement above and will work to be a positive influence as part of our participation in the UDA STARS program.

Parent's signature: _____ Date: _____

**A financial calendar and specifics as to fees will be given to you at the April 25th parent meeting.*