

OFFICE USE ONLY – CLASS ASSIGNMENT: _____

REGISTRATION FEE PAID: *N/A, WAIVED!* _____ SCHEDULE EMAILED: Y N



HARMONY DANCE CENTER 2019-20 EARLY REGISTRATION FORM

1422 Morris Avenue, Union NJ 07083 ~ www.HarmonyDanceNJ.com ~ 908-688-7224

Participant's Name: _____ M ___ F ___ D.O.B. ___/___/___ Age: _____

Sibling's Name: _____ M ___ F ___ D.O.B. ___/___/___ Age: _____

Sibling's Name: _____ M ___ F ___ D.O.B. ___/___/___ Age: _____

Participant(s) known allergies: _____

Participant(s) known physical restriction(s): _____

Mother's Name: _____ Father's Name: _____

Mother's Email: _____ Father's Email: _____

Mother's Cell: _____ Father's Cell: _____

Home Phone Number: _____

Street Address: _____

City: _____ Zip Code: _____

Emergency Contact (Other than Parent): _____ Phone: _____

Selection for Ages 3+ (Children's Combination Classes):

Circle One:	Ballet/Tap Combo (Ages 3-4)	Ballet / Tap Combo (Ages 5-6)	Ballet / Jazz Combo (Ages 5-6)	HipHop/Acro (Ages 5-6)
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Selection for Ages 7+* (Students ages 7+ may take more than one class per week):

Circle your preference(s): Ballet Pointe* Modern Jazz Tap HipHop

*Pointe is by instructor approval only, ages 11+

Previous Dance Experience: (What Style & Where?) _____

How did you hear about us? (Circle one) Friend Google/Web Newspaper
Passed by Other: _____

Additional Comments: _____

WAIVER AND RELEASE

- . By signing below, I hereby agree to the following:
1. I understand that while participating at Harmony Dance Center LLC in class, my child(ren) and/or myself may be at risk for physical illness or injury. I give my consent for my child(ren)/myself to actively participate in class, rehearsals, and performances from this date forward. I attest that my child(ren)/myself are in good physical condition and will supply and additional information regarding any physical restrictions or special needs, if any. In the event of illness or injury, I authorize *Harmony Dance Studio* to obtain necessary treatment on my child(ren)'s behalf or my behalf at any necessary emergency facility. I also assume the responsibility for the payment of any such treatment.
 2. I agree to hold harmless *Harmony Dance Center* and any of its owners, officers, operators, staff, employees, volunteers, and or agents of any wrong-doing or negligence.
 3. I give full permission for *Harmony Dance Center* to use pictures or video from Picture Day, class and/or Performance for advertising purposes. I understand that his/her name will never be used.
 4. **I have read the "Studio Policies and Student/Parent Rules" available on HarmonyDanceNJ.com.** I understand them and will adhere to them, otherwise will face dismissal from the studio.
 5. **I understand that there are NO REFUNDS (including Paid-In-Full Tuition).** Harmony Dance Center will off offer credit only and in certain circumstances. NO EXCHANGES on merchandise purchased (tights, dancewear, etc.).
 6. **\$25 Registration Fee per student (\$40 per Family) is waived if this form is returned before June 2nd 2019.**
 7. I attest that I have read the "HDC Tuition Rates & Payment Information" and agree to comply with its policies. **I understand that tuition is due on the first lesson of every month and that a \$10 late Fee will be applied to any delinquent payments. NO EXCEPTIONS.**
 8. I understand that if I owe Tuition past 60 days I will be dropped from all classes. NO EXCEPTIONS.
 9. I understand that excessive absences will result in being dropped from classes and not participate in recital, no matter what time of year.

PARENT/PARTICIPANT SIGNATURE (over 18 years of Age): _____ DATE: _____