

OFFICE USE ONLY – CLASS ASSIGNMENT: _____

NO REGISTRATION FEE! _____ SCHEDULE EMAILED: Y N



HARMONY DANCE CENTER

2019-20 "MOVE WITH ME" Registration Form

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

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

Adult Participant's Name: _____ Relationship to Toddler: _____

Participant's known allergies: _____

Participant's known physical restrictions: _____

Participant's known Special Needs: _____

Parent #1 Name: _____ Parent #2 Name: _____

Parent #1 Email: _____ Parent #2 Email: _____

Parent #1 Cell: _____ Parent #2 Cell: _____

Home Phone Number: _____

Street Address: _____

City: _____ Zip Code: _____

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

Relationship to Student: _____

Class Selection for Ages 18 months – 3 years old:

Circle Session:	October Session (10/5/19 – 10/26/19)	January Session (1/4/20 - 1/25/20)	March Session (3/7/20 - 3/28/20)	May Session (5/2/20 – 5/23/20)
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How did you hear about us? (Circle one) Friend Passed by Google/Web Newspaper 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 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 class for advertising purposes. I understand that his/her name will never be used.
 4. I understand that there are **NO REFUNDS (including tuition, merchandise, water, snacks)**. Harmony Dance Center will off offer credit only and in certain circumstances. **NO EXCHANGES** on merchandise purchased (tights, dancewear, etc.).
 5. I understand that I **must pay for the session BEFORE the first class** in order to participate.
 6. I understand that I am only allotted 1 make-up class in the following session.

PARENT/CAREGIVER SIGNATURE: _____ DATE: _____