

**Studio of the Dance Arts
63 Fall St.
Seneca Falls, NY 13148
315 568-8269**

Hello everyone!

It is **REGISTRATION TIME!!**

Dance classes will begin on **Monday, September 11th**. To assure your spot in class, please return your **Registration Papers** with your **Registration Fee**. Classes are filled on a first come first serve basis!

Please list the class/classes that you have selected in the space provided below. Feel free to call me if you have any questions.

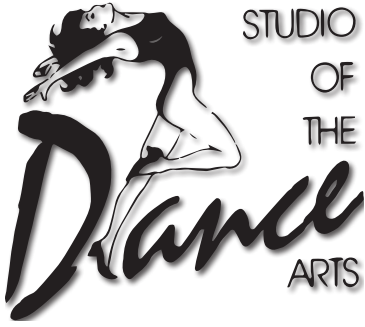
I will be At the Studio for Registration on Wednesday, August the 16th from 3:00 to 6:00 PM. Please feel free to stop by to drop off your paperwork and to bring a friend who is interested in joining. This is also a great time to look through the donated dance shoes!

I can't wait to see everyone!

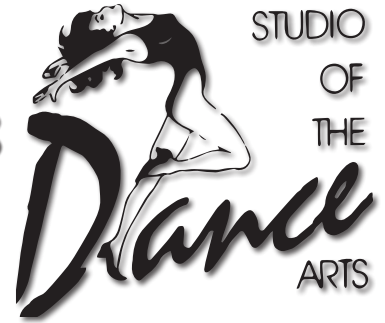
Doreen

STUDENT'S NAME _____

CLASS(ES) CHOSEN



63 Fall Street
Seneca Falls, NY 13148
(315) 568-8269



CLASS SCHEDULE FALL 2023 & SPRING 2024

MONDAY	3:00 – 4:15 BALLET LEVEL 4	4:15 – 4:45 BALLET / INTRO TAP PRESCHOOL AGE 3	4:45 – 5:45 BALLET / TAP AGES 5 & 6	5:45 – 6:45 BALLET LEVEL 3	6:45 – 7:30 LYRICAL LEVEL 3
TUESDAY	3:00 – 3:45 LYRICAL LEVEL 4	4:00 – 4:45 BALLET / TAP PRESCHOOL AGE 4	4:45 – 5:45 JAZZ / TAP LEVEL 3	5:45 – 6:45 JAZZ / TAP LEVELS 1 & 2	6:45 – 7:45 COMPETITION REHEARSAL
WEDNESDAY	4:00 – 5:10 BALLET / TAP / JAZZ AGES 7 - 9	5:15 – 6:15 BALLET / TAP AGES 5 & 6	6:15 – 7:15 COMPETITION REHEARSAL		
THURSDAY	3:00 – 3:45 JAZZ LEVEL 4	3:45 – 4:30 MODERN CONTEMPORARY LEVEL 4	4:30 – 5:30 BALLET LEVELS 1 & 2	5:30 – 6:40 BALLET / TAP / JAZZ AGES 7 - 9	7:30 – 8:15 ADVANCED ACROBATICS
		5:15 – 6:00 HIP HOP BEGINNER	6:00 – 6:45 HIP HOP ADVANCED	6:45 – 7:30 BEGINNER ACROBATICS	

TUITION

PRESCHOOL AGE 3	\$37.00 / MONTH
PRESCHOOL AGE 4	\$47.00 / MONTH
1 CLASS PER WEEK	\$58.00 / MONTH
2 CLASSES PER WEEK	\$98.00 / MONTH
3 CLASSES PER WEEK	\$130.00 / MONTH
4 CLASSES PER WEEK	\$175.00 / MONTH
UNLIMITED CLASSES	\$190.00 / MONTH

ANNUAL REGISTRATION FEE

DUE AT THE TIME OF REGISTRATION

PRE-SCHOOL 3 & 4 - \$35.00

ALL OTHER CLASSES - \$50.00

THERE IS A \$25.00 FEE

FOR ALL RETURNED CHECKS

WE OFFER MULTI-CLASS AND FAMILY DISCOUNTS
PLEASE CONTACT US WITH YOUR QUESTIONS

www.StudioOfTheDanceArts.com



**STUDIO OF THE DANCE ARTS
63 FALL ST,
SENECA FALLS, NY 13148**

POLICIES

1. **PAYMENTS:** Registration fee and the first month's tuition are due by the first class. All tuition fees, after the initial month, are due by the 1st of the month. Any tuition not paid by the first of the month will be charged a \$10.00 late fee. Checks should be made out to Studio of the Dance Arts. There is a \$25.00 fee for any returned checks.
2. **REFUNDS:** Registration fees and tuition are non-refundable.
3. **MONTHLY TUITION:** The monthly tuition purchases a certain number of classes per month. Make up classes are available. Ask to find out which classes are the best for your child's abilities.
4. **DRESS CODE:** Students must wear; BLACK LEOTARD, PINK OR BLACK TIGHTS OR LEGGINGS, BALLET- PINK BALLET SLIPPERS (LEATHER OR CANVAS) ,TAP-BLACK SHOES (TAN IS ALSO ACCEPTABLE FOR SOME GROUPS), JAZZ-BLACK JAZZ SHOES. HAIR SHOULD BE PULLED BACK FOR ALL CLASSES AND IN A BUN FOR BALLET CLASSES. NO BAGGY SHIRTS, PANTS OR SHORTS ALLOWED!
5. **CODE OF CONDUCT** Students and their families are expected to conduct themselves in a courteous manner at all times. They must respect their instructors, the studio staff and fellow students. Anyone not doing so may be asked to no longer participate in Studio of the Dance arts classes or functions.
6. **CLASSES:** Studio of the Dance Arts reserves the right to cancel or reschedule classes with posted notice or a phone call. Classes are not conducted on some holidays. Please look for the posted notice of these times. In case of bad weather, please check the Studio Facebook page or if in doubt, please call ahead.

WAIVER AND RELEASE PART A

In consideration by being allowed to participate in any way in Studio of the Dance Arts dance programs, related events and activities. The undersigned acknowledges, appreciates and agrees that:

1. The participant is in good health and has been cleared by physician to participate in dance activities and if there is any change in this status, Studio of the Dance arts will be notified immediately.
2. The risk of injury from the activities involved in this program is significant and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and
3. I willingly agree to comply with the stated and customary terms, POLICIES and conditions for participation.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Studio of the Dance Arts, it's officers and employees ("releasees"), with respect to any and all injury, disability, death or loss or damage to person or property, unless such injury, disability, death, or loss or damage to persons or property arises from the negligence of the releasees.

WAIVER/RELEASE PART B FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of **Studio of the Dance Arts** athletic/dance program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (Studio of the Dance Arts) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____ Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____ Parent guardian/signature: _____

Date signed: _____

STUDIO OF THE DANCE ARTS REGISTRATION CARD

STUDENTS NAME _____ **AGE** _____

STUDENTS CELL _____ **D.O.B.** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

EMAIL _____

PARENTS NAMES _____

PARENTS HOME PHONE _____

CELL PHONE _____