



REGISTRATION FOR SUMMER 2020 DANCE CLASSES

Print, complete, and mail to: 1422 Morris Avenue, Union NJ 07083

Student's Name: _____

Age:	Grade (Fall 2020))	Date of Birth	:	
Student's known a	Illergies:				
Student's known p	hysical restriction(s):				
Mother's Name: _	her's Name: Father's Name:				
Mother's Cell:		Fa	ther's Cell:		
Mother's Email		Fa	ather's Email:		
Mailing Address:_					
Home Phone:		V	Vork Phone:		
Emergency Cont				_ Emergency Contact Phone:	
Ages 3-5 BA SATURDAYS (6 10:00 - 10:45am (July 18 th – Aug	5 weeks for \$70) 1 22 nd)	11:00 - 11:55 (July 18 th – Au	(6 weeks for \$85) am	Ages 5-7 HIP HOP/ACRO SATURDAYS (6 weeks for \$85) 12:00 - 12:55pm (July 18 th – August 22 nd)	
		Circle Your Cho	ice(s) Below:		
BALLET on SATURDAYS 1-2pm (6 weeks) Dates: July 18 th – August 22 nd \$85		HIP HOP on SATURDAYS 2-3pm (6 weeks) Dates: July 18 th – August 22 nd \$85			
Previous Dance E	xperience: (What Style & W	/here?)			
How did you hear	about us? (Circle one)	Friend Passed by	Google/Web Other:	Newspaper	
first class. Cla absences in s	sses are first-come-first-s ummer. **Due to COVID	serve basis. <u>No</u> -19, summer cla	refunds on summer sses <i>might</i> be offer	e paid-in-full before the student's classes. <u>No</u> make-up lessons for ed online through Zoom (TBD). D: <i>HARMONY DANCE CENTER</i>	

WAIVER AND RELEASE

By signing below, I hereby agree to the following:

- 1. I understand that while attending Harmony Dance Center in-studio or from home via Zoom remotely, my child(ren) and/or myself may be at risk for physical illness or injury including but not limited to: falls, muscle cramps, strains, sprains, contracting COVID-19, etc. 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 that all persons entering the building, including my child and myself, must wear a face covering and participate in social distancing and proper hygiene including washing hands regularly and using hand sanitizer when necessary.
- 3. 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 for any reason including contracting diseases including, but not limited to, COVID-19.
- 4. 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.
- 5. 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.
- 6. I understand that if my child is late to class 10 minutes or more, they will not be able to participate.
- 7. I understand that there are NO REFUNDS. Harmony Dance Center will off offer credit only and in certain circumstances. NO EXCHANGES on merchandise purchased (tights, dancewear, etc.).
- 8. I understand that tuition is due on the prior to the first lesson.

Parent Signature of Acknowledge	gement:	Date: