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## **REGISTRATION FOR SUMMER 2024 DANCE CLASSES**

Complete and return to: 1422 Morris Avenue, Union NJ 07083 or email to the Director: DeeDee@HarmonyDanceNJ.com

Student's Name:				
Age: Grade (Fall 2024)			Date of Birth:	
Student's known allergies:				
Student's known physical restriction(s):				
Student's known Special Needs:				
flother's Name:		Father's Name:		
Mother's Cell:		Father's Cell:		
Nother's Email		Father's Email:		
Mailing Address:				
lome Phone:		Work Phone:		
mergency Contact:		Relationship:	E.C. Phone:	
10:00 - 10:40am (July 6th – August 10 <sup>th</sup> )  B. WEDNESDAYS (6 weeks for \$90) 5:00 - 5:40pm (July 10 <sup>th</sup> – August 18 <sup>th</sup> )  AGES 8-12:			12:00 - 12:50pm (July 6th – August 10 <sup>th</sup> )  B. WEDNESDAYS (6 weeks for \$100) 6:00 – 6:50pm (July 10 <sup>th</sup> – August 18 <sup>th</sup> )  ~ HIP HOP	
	Circle	Your Choice(s) Below	:	
JAZZ SATURDAYS 1:00-1:50pm (6 weeks for \$100) Dates: July 6th – August 10 <sup>th</sup>	(6 wee	ET IRDAYS 2:00-2:50p ks for \$100) s: July 6th – August 1	(6 weeks for \$100)	
Summer tuition must be paid- <u>No</u> refunds or Summer classes are offere	rin-full before the son summer classes.  ed both in-person a  We accept Zelle,	student's first class.  No make-up lessons  and online through Zo  cash, credit/debit,	when this form is submitted. Classes are first-come-first-serve basis for absences in summer. oom, if needed for illness or vacations. or checks. DANCE CENTER, LLC	
Parent Signature of Acknowle	daomont.		Date:	

## \*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 understand that face masks are optional. I/my child will take class remotely via Zoom if I/my child is experiencing any cold/flu symptoms.
- 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.
- 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, or prior to, the first lesson BEFORE the class begins.

Parent Signature of Acknowledgement:	Date:

