OFFICE USE ONLY – CLASS ASSIGNMENT:			
NO REGISTRATION FEE!	SCHEDULE EMAILED:	Y	N



HARMONY DANCE CENTER

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ð	1422 Morris Avenue, Ur					
	-					
	lame:					
•	allergies:					
•	physical restrictions:					
Participant's known	Special Needs:					
Parent #1 Name:		P	arent #2 Name:			
Parent #1 Email:		Pa	arent #2 Email:			
Parent #1 Cell:		P	arent #2 Cell:			
Home Phone Numb	er:					
Street Address:						
City:				Zip Code):	
Emergency Contac	ct (Other than Parent):			Pho	ne:	
Relationship to Stud	dent:					
Circle Session:	Class Selection May Session \$40 (5/7/22 – 5/28/22) 4 Lessons	<u>July</u> (7/9/	<u>Session</u> \$40 22 – 7/30/22) ssons		o ora:	
How did you hear a Additional Commen	bout us? (Circle one) ts:	Friend Passed by	Google/Web Other:		ewspaper 	
		WAIVER AND	RELEASE*			
 I understand that illness or injury, forward. I attest will supply and at I authorize Haremergency facil I agree to a tem I agree to hold I agents of any w I give full permin his/her name w I understand th 	tereby agree to the following at while participating at Harm, including COVID-19. I give at that my child(ren)/myself and ditional information regard mony Dance Studio to obtaity. I also assume the responserature check upon entry a narmless Harmony Dance Cerong-doing or negligence. Sission for Harmony Dance Cerill never be used. The there are NO REFUNDS. merchandise purchased (tiglise)	mony Dance Center my consent for mare in good physical region and physical region necessary treat a sibility for the payond will wear a face anter and any of its the payon the conter to use picture. Harmony Dance C	y child(ren)/myself to all condition, not displant estrictions or special rement on my child(re- ement of any such tre- emask at all times who owners, officers, open es or video from class	o actively playing any sheeds, if an en)'s behavatment. hile at Harn erators, states for adverse	participate in of a symptoms of a sy. In the even If or my beha mony Dance Co off, employees tising purpose	class from this date cold/COVID-1, and tof illness or injury, lf at any necessary enter (ages 2+). , volunteers, and or s. I understand that

PARENT/CAREGIVER SIGNATURE: _ DATE:_

5. I understand that I must pay for the session BEFORE the first class in order to participate.

I understand that there are no make-up classes.