

OFFICE USE ONLY ~ REG. FEE PAID: ____; TUITION PAID: ____; ENROLLED: ____

REGISTRATION FOR SUMMER 2025 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 2025)		Date of Birth:
Student's known allergies:		
Student's known physical restriction(s):		
Student's known Special Needs:		
Mother's Name:	Father's Name:	
Mother's Cell: Father's Cell:		
Mother's Email Father's Email:		
Mailing Address:		
Home Phone:	Work Phone:	
Emergency Contact:	Relationship:	E.C. Phone:
A. SATURDAYS (6 weeks for \$90) 10:00 - 10:40am (July 12th – August 16 th)	SATURDAYS (6 weeks for \$100) 11:00 - 11:50am (July 12th – August 16 th)	A. SATURDAYS (6 weeks for \$100) 12:00 - 12:50pm (July 12th – August 16 th)
AGE	S 8-12: JAZZ ~ BALLET ~ Circle Your Choice(s) Below:	HIP HOP
JAZZ SATURDAYS 1:00-1:50pm (6 weeks for \$100) Dates: July 12th – August 16 th	BALLET SATURDAYS 2:00-2:50pn (6 weeks for \$100) Dates: July 12th – August 1	(6 weeks for \$100)
Summer tuition must be paid-in- <u>No</u> refunds on su Summer classes are offered by We	ımmer classes. <u>No</u> make-up lessons	Classes are first-come-first-serve basis. for absences in summer. om, if needed for illness or vacations. or checks.
Parent Signature of Acknowledg	ement:	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, 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 Center* 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 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:

