

OFFICE USE ONLY – CLASS ASSIGNMENT: \_\_\_\_\_

REGISTRATION FEE PAID: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ SCHEDULE EMAILED: Y N



## HARMONY DANCE CENTER 2024-25 REGISTRATION FORM

1422 Morris Avenue, Union NJ 07083 ~ [www.HarmonyDanceNJ.com](http://www.HarmonyDanceNJ.com) ~ 908-688-7224

Participant's Name: \_\_\_\_\_ M \_ F \_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Sibling Participant's Name: \_\_\_\_\_ M \_ F \_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Sibling Participant's Name: \_\_\_\_\_ M \_ F \_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Participant's known Allergies: \_\_\_\_\_

Participant's known Physical Restrictions: \_\_\_\_\_

Participant's known Special Needs: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact (Other than Parent): \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

### Selection for Ages 3+ (Children's Combination Classes):

Circle One: Ballet/Tap Combo (Ages 3-4) Ballet/Tap Combo (Ages 5-6) Ballet/Jazz Combo (Ages 5-6) Hip-Hop/Acro Combo (Ages 5-6)

### Selection for Ages 7+ (Students may take more than one class per week):

Circle your preference(s): Ballet Pointe\* Modern Jazz Tap Hip Hop Acro (Beginner only)

\*Pointe is by instructor approval only, ages 11+

Preferred Day for Class(es): \_\_\_\_\_

How did you hear about us? (Circle one) Friend Google/Web IG/FB Passed by Other: \_\_\_\_\_

### \*WAIVER AND RELEASE\*

By signing below, I hereby agree to the following:

- 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.
- I understand that face masks are optional at HDC. I agree to keep my child/myself home if they/I are/am displaying cold or flu symptoms.
- 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.
- I give full permission for *Harmony Dance Center* to use pictures or video from Picture Day, class(es), and/or Performance for advertising purposes.
- I have read the "Studio Policies and Student/Parent Rules" available on [HarmonyDanceNJ.com](http://HarmonyDanceNJ.com). I understand them and will adhere to them, otherwise will face dismissal from the studio.
- I understand that if my child is late to class 10 minutes or more, they will not be able to participate.
- I understand that there are NO REFUNDS (including Paid-In-Full Tuition). Harmony Dance Center will offer credit only and in certain circumstances. NO EXCHANGES on merchandise purchased (tights, dancewear, etc.).
- I attest that I have read the "HDC Tuition Rates & Payment Information" and agree to comply with its policies. I understand that tuition is due on the first lesson of every month and that a \$10 late Fee will be applied to any delinquent payments. NO EXCEPTIONS.
- I understand that if I owe Tuition past 30 days my child cannot participate in class; 60 past due will result in my child being dropped from all classes. NO EXCEPTIONS.
- I understand that excessive absences will result in being dropped from classes and not participate in recital, no matter what time of year.
11. Registration Fee, due when this form is submitted: \$20/student or \$35/family before June 2<sup>nd</sup> 2024 ~ \$30/\$45 after June 2<sup>nd</sup> 2024

PARENT/PARTICIPANT SIGNATURE (over 18 years of Age): \_\_\_\_\_ DATE: \_\_\_\_\_