

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

NO REGISTRATION FEE! \_\_\_\_\_ SCHEDULE EMAILED: Y N



HARMONY DANCE CENTER

2021 "MOVE WITH ME" Registration Form

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

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

Adult Participant's Name: \_\_\_\_\_ Relationship to Toddler: \_\_\_\_\_

Participant's known allergies: \_\_\_\_\_

Participant's known physical restrictions: \_\_\_\_\_

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

Parent #1 Name: \_\_\_\_\_ Parent #2 Name: \_\_\_\_\_

Parent #1 Email: \_\_\_\_\_ Parent #2 Email: \_\_\_\_\_

Parent #1 Cell: \_\_\_\_\_ Parent #2 Cell: \_\_\_\_\_

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

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

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

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

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

**Class Session for Ages 18-months through 3 years:**

MOVE WITH ME (Fall Session)

October 2<sup>nd</sup>, 9<sup>th</sup>, 16<sup>th</sup>, 23<sup>rd</sup>

4 Lessons for \$40

*\*Single Drop-in class = \$12/class*

How did you hear about us? (Circle one)

Friend  
Passed by

Google/Web  
Other: \_\_\_\_\_

Newspaper

Additional Comments: \_\_\_\_\_

**\*WAIVER AND RELEASE\***

. By signing below, I hereby agree to the following:

1. I understand that while participating at Harmony Dance Center LLC in class, my child(ren) and/or myself may be at risk for physical illness or injury, including COVID-19. I give my consent for my child(ren)/myself to actively participate in class from this date forward. I attest that my child(ren)/myself are in good physical condition, not displaying any symptoms of a cold/COVID-1, 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 to wear a face mask at all times while at Harmony Dance Center (all participants ages 2+).
2. 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.
3. 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.
4. **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.).
5. I understand that **I must pay for the session BEFORE the first class** in order to participate.
6. I understand that there are no make-up classes.

PARENT/CAREGIVER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_