



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

REGISTRATION FOR **SUMMER 2021** DANCE CLASSES

Print, complete, and mail to: 1422 Morris Avenue, Union NJ 07083

Student's Name: _____

Age: _____ Grade (Fall 2021) _____ Date of Birth: _____

Student's known allergies: _____

Student's known physical restriction(s): _____

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: _____ Emergency Contact Phone: _____

AGES 3-7: BALLET ~ TAP ~ HIP HOP

Circle Your Choice Below:

Ages 3-5 BALLET/TAP

SATURDAYS (6 weeks for \$75)
10:00 - 10:40am
(July 3rd – August 7th)

Ages 5-7 BALLET/TAP

SATURDAYS (6 weeks for \$85)
11:00 - 11:50am
(July 3rd – August 7th)

Ages 5-7 HIP HOP/ACRO

SATURDAYS (6 weeks for \$85)
12:00 - 12:50pm
(July 3rd – August 7th)

AGES 8-12: BALLET ~ HIP HOP

Circle Your Choice(s) Below:

BALLET on SATURDAYS 1:00-1:50pm (6 weeks)

Dates: July 3rd – August 7th \$85

HIP HOP on SATURDAYS 2:00-2:50pm (6 weeks)

Dates: July 3rd – August 7th \$85

Previous Dance Experience: (What Style & Where?) _____

How did you hear about us? (Circle one) Friend Google/Web Newspaper
Passed by Other: _____

Non-refundable Summer Registration Fee of \$10 is due when this form is submitted. Summer tuition must be paid-in-full before the student's first class. Classes are first-come-first-serve basis. No refunds on summer classes. No make-up lessons for absences in summer. Summer classes are offered both in-person and online through Zoom (TBD).

We accept cash, credit/debit, or checks. Please make check payable to: *HARMONY DANCE CENTER*

Parent Signature of Acknowledgement: _____ 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 agree that all persons entering the building, including my child and myself, must wear a face covering and participate in social distancing and proper hygiene including washing hands regularly and using hand sanitizer when necessary.
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. I understand that his/her name will never be used.
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 the prior to the first lesson.

Parent Signature of Acknowledgement: _____ Date: _____