

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 ~ 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 2nd, 9th, 16th, 23rd

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: _____