

Dance One Studios

New Student Class Registration

Class Start Date: _____

1st Payment Due: _____

Student's Name: _____ Male or Female
(please circle)

Address: _____

City: _____

State: _____ Zip: _____ Primary Phone: _____
(we will use this number to contact you during the day)

e-mail: _____ Cell Phone: _____
(we may use this number to send you text messages*)

School: _____

Grade (as of this Sept): _____

Date of Birth: _____ Age (as of this Sept): _____

Parent/Guardian: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Emergency Contact Name: _____ Phone: _____
(other than above)

List any medical conditions that we should be aware of: _____

Years of previous training: Tap: _____ Ballet: _____ Jazz: _____ Modern: _____ Lyrical Jazz: _____

Name and location of studio or instructor: _____

How did you hear about us? _____

All of the items above must be filled out before enrollment is accepted

** Standard Data Fees and Text Messaging Rates May Apply*

Dance One Studios Inc.

Student's **Last** Name, First Name: _____

Class Selection

Start Date: _____

Class Description		Pay Schedule (10, 5, 2, 1)	Amount

Class Total: \$ _____

Family Discount/Coupon/Promotion: - \$ _____

Sub Total: \$

Registration: \$ \$ _____

Total Payment: \$ _____

Cash MC/Visa Check # _____

Reoccurring Yes or

Credit Card Ending In: _____

Initials: _____

Office Use Only

Date Entered: _____

Start Date: _____

Next Payment Due: _____

In the Amount Of:
(sub total)

I have read and agree to the terms and conditions, and I understand that Dance One Studios Inc. does not refund or credit any tuition payment or registration fee. Additionally, after two late payments or bounced checks, you will be asked to submit a credit card or pay in full.

Parent/Guardian: _____

Date: _____

Dance Two Studios Inc.

Hold Harmless Agreement

In consideration for my child being permitted to participate in the Dance One Studio Inc. program (referred to as "the Studio"),

I/We _____, parent(s) and/or legal guardian(s) of _____, agree to

the following provisions:

Acknowledgment of Risks

I/We understand that there are numerous risks and hazards associated with participating in dance activities, including those risks present during classes and activities, on the premises before, during, and after various classes and events, as well as in travel to and from the Studio and various venues of performance. Some of the specific risks include the placement of unusual stresses on the body, falls and tripping which may lead to accidents resulting in, but not limited to, mild to severe bodily injury. I/We understand that the Studio cannot be responsible for any injuries or damages experienced by my/our child during her/his participation in such activities. I/We affirm that my/our child is covered by adequate medical insurance provided by myself and I certify that my/our child is physically fit to participate in the dance activities. I acknowledge the contagious nature of COVID-19 and other contagious diseases and viruses and voluntarily assume the risk that I and or my children may be exposed to or infected by COVID-19 by attending and participating and that such exposure or infection by may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed or infected by COVID-19 and other contagious diseases and viruses may result from actions, omissions, or negligence of program participants, and their families.

Medical Care

In an emergency situation, when parental permission is not available, I/We hereby grant and give my/our permission for a staff member at the Studio to seek emergency medical treatment for my/our child. In my/our absence or inability to communicate with emergency and hospital personnel, I/We hereby grant the Studio authority to release for the purposes of providing medical treatment, my/our child to the care of medical personnel or physicians as the Studio determines as reasonably appropriate. I further authorize the treating physician to provide all proper medical treatment and care, hospitalization, surgery, medication, injections and anesthesia for my/our child, in the event such treatment and care is required.

Media Relations

I/We understand that the studio obtains media attention (television, news and all various print media resources) in order to promote the Studio. I/We understand that my/our help is necessary to further this goal. By signing this Agreement and Release, I/We consent and give permission to the Studio, and those acting under its authority, to use the name or likeness of my child in newspaper articles, print ads, television, radio broadcasts, videos, DVD, Dance One Studios website, as well as any other media in connection with activities undertaken under the auspices of the studio. I/We agree that if at any time I/We am contacted by any representative of the media for a comment regarding the Studio, I/We will suggest that they make an inquiry with the Studio's office. Further, I/We will not contact any member of the media regarding the Studio until I/We have first notified the Studio and its Public Relations Consultant.

Additional Recitations

I/We consent to my/our child's participation in the program and to my/our child's participation in all activities in connection with this program. I/We fully understand the tuition and attendance policies set forth by the Studio and will comply with these policies.

Release, Covenant Not to Sue, Waiver of Liability and Indemnification Provisions

Parents (of Minors)

I/We have read and clearly understand the terms of this Agreement. I/We give my/our permission for my/our child to participate in all Studio activities, including those described above. I/We also release the Studio, its officers, directors, agents and employees, and those acting under its authority, from all actions, claims and liabilities relating to my/our child's participation in any and all programs.

I further agree to indemnify and hold harmless and defend Elizabeth Bachert, Amanda Urbanski, Dance Two Studios Inc., its teachers, officers, agents, and employees from any and all claims for injuries, damages and losses sustained by me arising out of, connected with, or in any way associated with the activities of the program(s). I have read and fully understand the above program details and waiver and release of all claims

Signed: _____

Date: _____