

New Attitudes Dance Company

2020-2021 Fall Session Registration Form



September 28, 2020- May 22nd, 2021

Student Name _____ Age _____

Date of Birth _____ School _____ Grade _____

Address _____ City _____ Zip Code _____

Home phone _____ Parent/Guardian(s)#1 _____ #2 _____

Parent #1 Cell _____ Parent #2 Cell _____

Main email(s) _____

****Please provide an email address that is checked regularly. Emails will be used to communicate important information such as class cancellations, your account, costume info, important dates, upcoming studio events, and more!****

Previous Dance Experience _____

How did you hear about New Attitudes Dance Co.? _____

Enrolling in the following class(es). Please include any solos/duets if competitive:

Class Title:	Day/Time Class Meets:	Number of Hours/Week:

Total Hours per Week _____

Competitive Company Dancer: YES NO

Parent signature _____ Date _____

Emergency Contact (other than parent) _____ Relationship _____

City/Region _____ Home Phone _____ Cell Phone _____

Insurance Carrier: _____ Hospital Preference: _____

****Please read the below statement in its entirety****

Indicated in the space below are any health problems or conditions of which the studio should be aware (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, special medication, knee/hip/shoulder problems, etc.). I understand that risk of injury is inherent in any physical activity and I, on behalf of myself and/or my child, knowingly and voluntarily accept that risk. I, the undersigned hereby waive and release Karlyn Schneider individually and New Attitudes Dance Co and its staff from any and all claims or damages of any kind arising out of my child's participation in the exercise and/or dance program of New Attitudes Dance Co. I further certify that the aforementioned student is in proper physical condition to participate in the exercise/dance program and that he/she has been examined by a licensed physician and found to be in proper physical condition to participate in said program. I, the undersigned, do hereby authorize Karlyn Schneider or her designated agents (being teachers, administrators or volunteers in NADC's employ) to obtain medical treatment for my said child in emergency situations where I cannot be reached in time to authorize the treating physician to provide such emergency medical services. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make NADC responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. I understand the statements above and agree to its terms.

I agree to the above statement (Initial): _____ Date: _____

Any/all medical conditions NADC needs to be aware of including allergies: _____

NADC may use group portraits and other images featuring dancers taken during performances, classes, studio activities, etc. for social media and marketing purposes. Please initial one line below in regards to NADC's image policy:

_____ I give NADC permission to use images with my child _____ I DO NOT give NADC permission to use images with my child

Weather Related Closures - I understand that NADC follows the surrounding school districts of Kiel, New Holstein, and Chilton in regards to weather related closures and cancellations. When ANY one of the three districts close, NADC classes and events will also be cancelled for that evening. All closures will be communicated via email and text message. Due to the studio schedule, classes will **NOT** be made up, however, make-up options will be made available to all students affected.

Payment Options:

- **Plan 1** - Tuition paid in full at registration, or first week of classes (Sept 28th)
- **Plan 2** - Tuition paid in two installments at each semester's beginning. (Payment 1 due Sept 28th, Payment 2 due upon returning from winter break, January of 2021)
- **Plan 3** - Tuition paid in 8 equal installments, paid monthly, balance due the last week of classes (May, 2021)

I have chosen payment option # _____ **NADC policies regarding COVID-19 : please read and initial**

_____ I agree to pay the full amount of the tuition owed for the full 2020-2021 session **by May 22nd, 2021, either upfront, in two installments, or 8 monthly payments.** If NADC cannot continue in-person instruction due to a COVID-related shutdown, classes will continue on the Zoom platform. Refunds will NOT be issued for COVID-related reasons, as classes will commence as scheduled either virtually or in person. I understand and agree to possible virtual instruction and agree to these terms.

_____ I release NADC of all responsibility should my child or member of my family contract the COVID-19 virus. I understand the risk involved with in-person instruction & acknowledge NADC is taking proper safety precautions within its facility. I agree to abide by all of their COVID-19 policies, including keeping my child home if they display symptoms.

Parent signature _____ Date _____