

New Attitudes Dance Company



2022 Summer Session Registration

2244 Calumet Dr & 1917 Wisconsin Ave, New Holstein, WI * 920-286-3455

June 20 - August 25, 2022 (9 weeks of class, no classes the week of July 4th)

Student Name _____ Middle Initial _____ Age _____
Date of Birth _____ School/District _____ Grade in fall _____
Address _____ City _____ Zip Code _____
Home phone _____ Parent/Guardian(s)#1 _____ #2 _____
Parent #1 Cell _____ Parent #2 Cell _____

****Please provide up to 2 emails for communication from the studio office:**

Email #1: _____ Email #2: _____

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

- ❖ Previous Dance Experience, if any _____
- ❖ How did you hear about New Attitudes Dance Co.? _____
- ❖ What are you/your dancer looking to achieve during this session? _____

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

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

Total Hours per Week: _____ Competitive Company Dancer : YES NO (continued on back)

Emergency Contact **(other than parent)** _____ Relationship to dancer _____

City/Region _____ Home Phone _____ Cell Phone _____

Insurance Carrier: _____ Hospital Preference: _____

Allergies (food, medicine, gluten etc): _____

****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, diabetes, epilepsy, asthma, 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-Meyer 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-Meyer or her designated agents (being teachers or administrators employed by NADC) 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: _____ Date: _____

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

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 pictured

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

Please initial ALL below:

_____ I agree to pay the full amount of the tuition for this session. I understand any monies owed 2 months post due date shall be turned over to a collections agency by TSS INC DBA: New Attitudes Dance Co. I recognize that NADC will charge a collection's fee of 35% of the total overdue amount in addition to the initial overdue total.

_____ I release NADC of all responsibility should my child or member in 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. **If NADC cannot continue in-person instruction due to a COVID-related shutdown, classes will continue on the Zoom platform. I understand and agree to possible virtual instruction.**

_____ I understand that there are no refunds issued for classes missed or for dropped classes during the session

Parent/Guardian name, printed _____

Parent/Guardian Signature _____ Date _____