

# New Attitudes Dance Company

## 2019-2020 Fall - Spring Session Registration Form

September 16th, 2019 - May 9th, 2020



Student Name \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent/Guardian(s) \_\_\_\_\_

Parent #1 Cell \_\_\_\_\_ Parent #2 Cell \_\_\_\_\_

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

Preferred email(s) \_\_\_\_\_

Previous Dance Experience (list any form) \_\_\_\_\_

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

If Yes, is this dancer competing a: solo, duet (Circle all that apply)

Emergency Contact (other than parents) \_\_\_\_\_ Relationship \_\_\_\_\_

City/Region \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Allergies (food, medicine, 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, pregnancy, diabetes, epilepsy, special medication, knee/hip/shoulder problems, etc.). I understand 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 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 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 check 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

Payment Options: (If another payment plan would better suit your needs, please speak with reception)

**Plan 1 - In Full:** Tuition paid in full at registration or first week of classes (Sept 16th)

**Plan 2 - Two Installments:** Tuition payment in two installments. **Payment #1 Due Sept 16th, Payment #2 due Jan 9th.**

**Plan - Monthly:** Tuition payment in 8 equal monthly installments, **Sept 2019 - April 2020**

I have chosen payment option \_\_\_\_\_ with the intent to pay the full tuition amount before April 30th, 2020.

Please read and initial below:

\_\_\_\_\_ I understand that failure to provide payment will result in dismissal from NADC's programs

\_\_\_\_\_ **Weather related closings** - I understand that NADC follows the surrounding school districts of Kiel, New Holstein, and Chilton in weather - related closings. When any or all of these districts close, NADC classes will also be canceled for that evening. All closings will be communicated via email and text message. Due to the studio schedule, classes canceled for weather related reasons WILL NOT be made up, however, other options will be made available.

Signature \_\_\_\_\_ Date \_\_\_\_\_