

# New Attitudes Dance Company

## 2018-2019 Fall/Spring Session Registration Form



Sept 17th, 2018 - May 18th, 2019 (30 weeks of class)

Student Name \_\_\_\_\_ Age \_\_\_\_\_  
Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade in fall \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home phone \_\_\_\_\_ Parent/Guardian(s) \_\_\_\_\_  
Parent #1Cell \_\_\_\_\_ 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 info, 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,    trio? (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 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 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:

**Plan 1 - In Full:** Tuition paid in full at registration or first week of classes (June 18th)

**Plan 2 - Two Installments:** Tuition payment in two installments. **Payment #1 Due Sept 17th, Payment #2 due Jan 28th .**

**Plan 3 - Monthly:** Tuition paid in 8 equal installments, payment made once each month.

\*If another payment plan would better suit your needs, please speak with reception\*

I have chosen payment option \_\_\_\_\_ with the intent to pay full tuition amount before May 18th. I understand failure to provide payment will result in dismissal from the program.

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