

THIS PAGE IS FOR REGISTERING ADDITIONAL STUDENTS

2nd Student Name: _____ DOB: _____ Age: _____

Gender: M F

Student Phone (opt): _____ Student Email (opt): _____

School District: 60 70 School: _____

Medical/Health Problems: _____

<u>Dance Class Title</u>	<u>Day(s) of Week</u>	<u>Time(s)</u>

3rd Student Name: _____ DOB: _____ Age: _____

Gender: M F

Student Phone (opt): _____ Student Email (opt): _____

School District: 60 70 School: _____

Medical/Health Problems: _____

<u>Dance Class Title</u>	<u>Day(s) of Week</u>	<u>Time(s)</u>

Sangre de Cristo School of Dance | 2018-2019 Year (Fall and Spring Semester)

STUDENT/PARENT POLICY AND AGREEMENT

PLEASE READ CAREFULLY

Required for registration at Sangre de Cristo School of Dance (hereafter 'School of Dance')

RELEASE OF LIABILITY | MEDICAL EMERGENCY

- The School of Dance will not be held liable for any injuries or property damage.
- The enrolled participant and/or the parent/guardian recognize and understand that dance/fitness training is a **potentially hazardous activity** and the risks inherent in dance training include the possibility of serious physical injury. I/we hereby agree to indemnify and hold harmless the School of Dance, its instructors, officers, directors, agents, and employees against any liability resulting from any injury that may occur to the participant while participating in School of Dance activities.
- The participant and/or parent/guardian agree to indemnify the School of Dance for any damages incurred arising from any claims, demand, action, or course of action by the participant. I/we authorize any representative of the School of Dance and/or Sangre de Cristo Arts and Conference Center to seek **medical treatment** for the participant if needed during his/her participation in activities of the School of Dance. I/we agree to pay all costs associated with medical care and transportation for the participant.
- **Any special medical/health problems**, i.e. allergies, physical restrictions, injury history, learning disabilities, and/or medical emergency information (EpiPen or inhalers) that staff should be aware of must be listed on the registration form.

Initial _____

DISCLAIMER | CONSENT

- All teachers at the School of Dance use a "hands-on" approach to teaching. In order to facilitate the student's learning, the teacher may physically guide a movement or correct body placement by touch as necessary. This will be in a professional manner and the intention of the contact will be made clear. The participant or parent/guardian understands that this approach is a helpful teaching/learning tool and gives consent to the use of it by instructors at the School of Dance during the participant's lessons and rehearsals.

Initial _____

PHOTOGRAPH | LIKENESS | VIDEOTAPE RELEASE

- The enrolled participant and/or the parent/guardian authorize the School of Dance and/or its representatives, agents, or employees to photograph and/or videotape and use any photograph/likeness of the participant for publicity, choreographic archives, and promotional materials, both online and printed.

Initial _____

INCLUSION POLICY

- The School of Dance does not discriminate on the basis of race, color, religion, sex, age, sexual orientation, or national/ethnic origin.

Initial _____

ATTENDANCE

- **Missed Classes:** If the student misses a class due to illness, etc.; it is the responsibility of the student to make up the class AND inform the instructor or office administrator of both the absence and the class that is being used as a make-up. **Failure to do so will result in the forfeit of the classes. This includes class cancellations due to weather. NO refunds. NO credit to the account.**
- **Late to class:** The student/guardian is responsible for informing the office when a student will be late.
- **Performance Rehearsals:** Except in the case of injury or absence due to another School of Dance function, if a dancer misses **four (4)** rehearsals, the student may not be allowed to participate in the performance.
- **Performance Rehearsals:** If a student is going to miss a rehearsal they are scheduled for, it is their responsibility to inform the office or instructor that the student will be absent
- **New students are allowed to take one (1) free trial class.**

Initial _____

SCHEDULE CHANGES

- The School of Dance **reserves the right to change the class schedule** to accommodate stage rehearsals. Notice of these changes will be sent out by email as soon as they are received by the office. Students, parents, and guardians must note that these changes **DO NOT ALTER** the cost of the semester. No refunds or credits will be given in this situation.

Initial _____

WITHDRAWAL | DROP | ADD

- **Withdrawal:** This is from **ALL** classes for a semester or the season, resulting in the student no longer being enrolled in the School of Dance. A form must be filled out and turned into the dance office. **NO REFUNDS** are given for the month in which the withdrawal occurs; therefore, it is highly recommended to withdraw at the end of the month in order to receive full benefit from the monthly payment. Extenuating circumstances should be discussed with the Artistic Director.
- **Drop:** From any class (one or multiple). Enrollment continues. Tuition will be adjusted.
- **Add:** Any class (one or multiple). Tuition will be adjusted.

Initial _____

ILLNESS | INJURY

- Students who are ill (infectious) should not come to class. The dance office can work with families to arrange potential makeup classes.
- Extended illness requires a doctor's note upon return to class.
- Injured dancers are encouraged to observe class in order to remain familiar with the curriculum. Students will be asked to write their observations of that class and give to the instructor after class.

Initial _____

TUITION

- Tuition payment plan: Monthly payments that result in tuition being paid in full by the end of the season/semester.
- **A schedule for the due dates of monthly tuition payments can be found in the 2018-2019 information packet.** If tuition is not received on time, the student will not be allowed to attend class until a payment is made. If the student's name cannot be found on the attendance sheet by the instructor, then that student must see the office administrator to pay before they can attend class.

Initial _____

FEES

- Yearly family registration fee: \$25 (due at time of registration, collected once a year)
- Performance fee: \$35 per student, per performance (if participating, separate form must be filled out)
 - If not paid by due date, the student will not be allowed to participate in rehearsal or performance
 - Nutcracker due September 1, 2018
 - Spring Recital due March 2, 2019
- Sangre de Cristo Ballet Company fee: \$20 per month/\$180 for the year to cover costs of rehearsals; performance fees; participation in outreach activities throughout the year; artistic track classes; and use, cleaning, and repair of costumes.
- Lost or damaged costume fee: \$50 per costume

Initial _____

FINANCIAL

- Payment is collected at the School of Dance office in the form of card (M/C and Visa), cash, or check. Card payments can also be collected over the phone.
- **The student will not be allowed to attend class until the monthly payment has been paid.**
- No refund of performance fee if the student is unable to participate for any reason; fee will be credited to account.
- Credit on accounts is given only with approval from the Artistic Director.

Initial _____

SIGN-IN/OUT

- **ALL** students, regardless of age, are required to sign in and sign out on the sheet located on the table in the lobby. This is a safety measure implemented by the School of Dance to insure that students are where they need to be.

Initial _____

Sangre de Cristo School of Dance | 2018-2019 Academic Year

STUDENT/PARENT POLICY AND AGREEMENT

**MY SIGNATURE BELOW ATTESTS THAT I HAVE CAREFULLY READ
THE RELEASE OF LIABILITY WITH FULL KNOWLEDGE OF ITS
CONTENTS AND SIGNIFICANCE.**

Signed: _____ Date: _____
(Participant or Parent/Guardian)

Phone #: _____

Email: _____

Emergency Contact #2: _____

Phone: _____

Participant: _____ Age: _____

Participant: _____ Age: _____

Participant: _____ Age: _____

Participant: _____ Age: _____

Participant: _____ Age: _____