

SANGRE DE CRISTO SCHOOL OF DANCE
FALL 2019/SPRING 2020
REGISTRATION PACKET

FAMILY LAST NAME: _____ **Enrollment Date:** _____

Parent/Guardian Name (First & Last): _____

(1st contact, billing)

Relationship to Student: _____

Sangre de Cristo Arts Center Member: YES NO **Expiration Date:** _____

Mailing Address: _____

zip code

Primary Phone Number (include area code): _____

Primary E-mail Address: _____

2nd Contact: _____ **Phone:** _____

Emergency Contact: _____ **Phone:** _____

Name of any relatives or friends who may be dropping off, picking up, or visiting your child at the School of Dance: _____

STUDENT REGISTRATION

Student Name: _____

DOB: _____

Age: _____

Gender: M F

Student Phone (opt): _____

Student Email (opt): _____

School District: 60 70 Other School Name: _____

Medical Problems, Health Concerns, Allergies, or Old Injuries: _____

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

**Reprint this page for multiple students as necessary

POLICIES AND AGREEMENT

Fall 2019-Spring 2020

AGREEMENT TO THE STUDENT/PARENT POLICIES IS REQUIRED FOR REGISTRATION AT THE SANGRE DE CRISTO SCHOOL OF DANCE. PLEASE READ CAREFULLY.

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.
- **MEDICAL/HEALTH PROBLEMS:** The guardian/participant has provided all information to the School of Dance staff regarding any special medical or health problems such as allergies, physical restrictions, injury history, learning disabilities, and/or medical emergency information (EpiPen or inhalers) that the participant has.

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 _____

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 _____

ILLNESS | INJURY

- Students who are ill (infectious) should not come to class. Contact the dance office 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.

Initial _____

SCHEDULE CHANGES

- The School of Dance **reserves the right to change the class schedule** to accommodate stage rehearsals for our three yearly productions. 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. **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 _____

ATTENDANCE

- **ABSENCES:** NO refunds, credits, or discounts are given to accounts when students miss class due to illness or other valid excuse. This includes class cancellations to due inclement weather. Notices of campus-wide closures will be sent by e-mail.
- Parent/students should contact the office to notify us of absences for both classes AND rehearsals.
- **Late to class:** The student/guardian is responsible for informing the office when a student will be late.
- **MAKEUP CLASSES:** Makeup classes for missed classes can be arranged with the School of Dance office. It is the responsibility of the parent/student to inform the dance office if a student will be absent from class and to inform office staff of the class being used as a makeup class. Classes must be made up within four weeks of the absence and cannot carry into future semesters. **Failure to arrange makeup classes will result in the forfeiture of the class.**
- **Performance Rehearsals:** Except in the case of injury or absence due to another School of Dance function, if a dancer misses **four (4)** rehearsals or more, the student may be removed from the performance.

Initial _____

TUITION AND FEES

- 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.
- Credit on accounts is given only with approval from the Artistic Director.
- **Due dates of monthly tuition payments is provided in the 2019-2020 information packet.** If tuition is not received on schedule, the student will not be allowed to attend class until a payment is made.
- **FEES**
 - Yearly Family Registration Fee: \$25.00 (due at time of registration, collected once a year)
 - Performance fees are optional. Students are not required to participate in any production. The School of Dance does not charge costume fees for productions, only the performance fee. Costumes are provided and returned to the School of Dance at the conclusion of the performances.
 - Nutcracker Performance Fee: \$50.00 per participant
 - DUE: August 31, 2019
 - Company Production Fee (BY INVITATION OF ARTISTIC DIRECTOR ONLY): \$75.00
 - DUE: February 1, 2020
 - Spring Recital Fee: \$35.00 per participant
 - DUE: March 21, 2020
 - Lost or damaged costume fee: \$50.00
- **NO REFUND OR CREDIT OF PERFORMANCE FEES IF THE STUDENT IS UNABLE TO PARTICIPATE FOR ANY REASON.**

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 theater lobby by the dance office. This is a safety measure implemented by the School of Dance to insure that students are where they need to be.

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 _____

2019-2020 STUDENT/PARENT POLICY AND AGREEMENT

**MY SIGNATURE BELOW ATTESTS THAT I HAVE CAREFULLY READ
THE RELEASE OF LIABILITY AND POLICIES WITH FULL
KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE FOR THE
STUDENT PARTICIPATING IN SCHOOL OF DANCE ACTIVITIES**

Print Name: _____ Date: _____
(Participant or Parent/Guardian)

Signed: _____
(Participant or Parent/Guardian)

Participant: _____ Age: _____

Participant: _____ Age: _____

Participant: _____ Age: _____

Participant: _____ Age: _____

Participant: _____ Age: _____

Participant: _____ Age: _____