

SANGRE DE CRISTO SCHOOL OF DANCE

DANCERZ REGISTRATION PACKET

2018-2019

Dear Dancerz & Parents/Guardians:

Welcome to a new year at the Sangre de Cristo School of Dance!

Feel free to keep the first two pages of this registration packet for your records. Please fill out the remaining pages and return them to the School of Dance office, or fill out the online registration at the link provided below. The registration information we need is:

1. **Registration Form**
2. **Student/Parent Policy and Agreement**

Here is the link to register online: goo.gl/ccPp5M

Tuition & Fees

Tuition is due at the beginning of each semester

Fall Semester

Arts Center Member Rates	\$140.00
Non-Member Rate	\$152.00

Spring Semester

Arts Center Member Rates	\$140.00
Non-Member Rate	\$152.00

If you have any questions or concerns, please contact the School of Dance office by the phone at 719-295-7221 or e-mail at schoolofdance@sdc-arts.org

The School of Dance is located in the theater box office (the lobby on the ground floor). Regular office hours for the duration of the School Year are 4:00-8:30 Monday-Friday. Hours during Thanksgiving Break, Winter Break, Spring Break, and Summer Session may differ.

We look forward to seeing you all this year!

SCHOOL OF DANCE: ADDITIONAL INFORMATION

School of Dance Office

Phone Number: 719-295-7221

E-mail: schoolofdance@sdc-arts.org

Office Hours (during semester):

Monday-Friday 4:00-8:30 p.m.

Saturday 8:30 a.m.-12:30 p.m.

SCHOOL OF DANCE: DATES TO REMEMBER

FALL SEMESTER	(13 weeks)	Sept. 5-Dec. 5, 2018
SPRING SEMESTER	(17 weeks)	Jan. 16-May 15, 2019
Thanksgiving Break	No Classes	November 19-26, 2018
Spring Break	No Classes	March 19-23, 2018

NUTCRACKER

Performances

Performance	Thursday November 29, 2018	7:30 p.m.
Performance	Friday November 30, 2018	7:30 p.m.
Performances	Saturday December 1, 2018	2:00 p.m. & 7:30 p.m.
Performance	Sunday December 2, 2018	2:00 p.m.

HOT FUDGE SUNDAY

Performance	Sunday April 28, 2019	2:00 p.m.
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SPRING RECITAL

Performance	Saturday May 18, 2019	7:30 p.m.
Performance	Sunday May 19, 2019	2:00 p.m.

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

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

Parent/Guardian Name (First & Last): _____
(1st contact, billing) **relationship**

Sangre de Cristo Arts Center Member: YES NO

Mailing Address: _____
zip code

Phone: _____

Email: _____

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

Email: _____

Emergency Contact: _____ **Phone:** _____

Student Name: _____ **DOB:** _____ **Age:** _____

Gender: M F

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

Medical/Health Problems: _____

Dance Class Title **Day(s) of Week** **Time(s)**

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

Gender: M F

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

Medical/Health Problems: _____

Dance Class Title **Day(s) of Week** **Time(s)**

Sangre de Cristo School of Dance | 2018-2019 Year (Fall, Spring, Summer)

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 the teachers 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 _____

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 School of 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.

Initial _____

ILLNESS | INJURY

- Students who are ill (infectious) should not come to class.

Initial _____

FEES

- 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 tuition 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 _____

Sangre de Cristo School of Dance | 2018-2019

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: _____