

SANGRE DE CRISTO DANCERZ

SUMMER 2019 REGISTRATION PACKET

Dear Dancerz & Parents/Guardians:

We hope you will join us for a short summer semester!

SUMMER CLASS DATES

- June 12
- June 19
- July 10
- July 17
- July 24

**no class on June 26 or July 3

SUMMER FEES

Arts Center Member	\$34.00
Non-Member	\$38.00

REGISTRATION

Please complete the forms in this packet and return them to the School of Dance office to complete your registration for the summer semester, or fill out the online registration at the link provided below.

Link to online registration: <https://bit.ly/2Hgh8OM>

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@sdca-arts.org

**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 | SUMMER 2019

STUDENT/PARENT POLICY AND AGREEMENT

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 instructors at the School of Dance use a "hands-on" approach to teaching. An instructor 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 tool to facilitate learning 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 _____

ATTENDANCE

- **CLASSES**
 - **ABSENCE:** 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:** Guardians/Students are responsible for informing the office when a student will be late
 - **New students are allowed to take one (1) free trial class.**

WITHDRAWAL | DROP | ADD

- **NO WITHDRAWAL OR DROP PERIOD FOR THE SUMMER SEMESTER.**
- No refunds will be given if the student ceases attendance during the summer semester.
- **ADD CLASSES:** Classes may be added on throughout the semester. Tuition will be adjusted.

Initial _____

ILLNESS | INJURY

- Students who are ill (infectious) should not come to camp or 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 _____

FINANCIAL

- **CLASS:** Tuition can be paid per session or in full at the start of the semester.
- Tuition/camp fees must be received before the student can attend School of Dance programs. We reserve the right to pull students from class/camp if tuition is not received on time.
- We accept payment in the form of cash, check, Visa, or MasterCard.
- 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 out in the book located on the lobby table. 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 | SUMMER 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: _____