

Date of First Class _____

Academy of Dance
Registration

Class Day/ Time Requested _____

Students First/ Last Name _____ Age _____

Students Birth date _____ Nick name _____

Mother's First/ Last Name _____

Home Address _____ City _____ Zip _____

Email Address _____

Home # _____ Work # _____

Cell # _____

Check if we can
text you updates &
 reminders

Father's First/ Last Name _____

(Home Address only needed if Different the mothers)

Home Address _____ City _____ Zip _____

Email Address _____

Home # _____ Work # _____

Cell # _____

Check if we can
text you updates &
 reminders

*** In case of court order parenting plans or other court orders, please understand that AOD cannot be responsible for handling visitation schedules or other mandated plans.*

Emergency contact name & phone number *(Please provide 2 contacts)*

1. _____

2. _____

How Did You Hear About Us? _____

Health Concerns i.e. Diabetic, Hearing Disabilities, Asthma _____

Peanut Allergy?

****Speak to Mrs. Yvonne and Instructor directly in regards to related concern**

____ (Initial) Academy of Dance reserves the right in case of medical emergencies to call for medical aid if we feel it necessary and will not be held liable for cost or other services rendered. Dance is a high impact sport.

Doctors Name _____ Doctors # _____

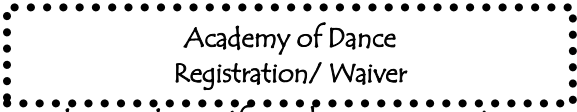
____ (Initial) Academy of Dance will occasionally take pictures/video during class. I acknowledge I need to sign the AOD Media Release form.

____ All tuition must be up to date in order to pick up costumes in Spring. Costumes are special ordered, are non refundable, and take several months to receive. If you are unable to participate in recital please contact Yvonne or your instructor at this time. If you order a costume and at a later date are unable to attend recital, it is parent's responsibility to pick-up paid for costumes prior to the Formal Spring Recital Date. If Costume(s) are not picked up by this date, they may no longer be available to pick up and cost is forfeited.

Your Signature is your agreement that Mrs. Yvonne Cox, Academy of Dance, and its instructors cannot be held liable for injury, accidents, or personal loss during any Academy of Dance events or classes on or off the premises.

Parent/ Legal Guardian Printed Name _____

Signature Parent/ Legal Guardian _____ Date _____



Academy of Dance
Registration/ Waiver

Please initial the following policies and procedures. If you have any questions prior to registration

Please feel free to contact Mrs. Yvonne at 360-708-5902

Student's First/ Last Name _____

Parent/ Guardian's First/ Last Name _____ Primary Contact # _____

_____ AOD cannot be held liable on or off the premises, for injury, accidents, or personal loss.

Fees/ Payments/ Make-up Classes

_____ Annual \$15 nonrefundable family registration fee is due at time of registration for the school year.

_____ You agree to be responsible for tuition payment *by the 1st week of each month.*

_____ If your tuition is late you agree to pay the \$10 late fee that will be collected at the time of payment.

Please make checks payable to Academy of Dance. Your dancer's name and the tuition month in the "memo"

_____ There is a minimum charge of \$35 for all NSF checks.

_____ There are no refunds for missed classes; make up classes may be scheduled in the same month your class was missed. **Full tuition will be collected when classes are missed.**

_____ Written notice is required by the 1st class of the month when terminating a dance class or you will be held responsible for full tuition that month.

_____ Class sessions are consecutive and each session is usually 4 weeks. *Class performances, demonstrations, pictures, and rehearsals count as a formal class.*

_____ AOD follows Burlington School District's calendar for most holidays and weather closures. If closure occurs we invite you to make-up your class that is closest to your child's age/level.

Pick-up/ Drop-off/Observation

_____ Parent's/ Guardians are expected to pick-up kids in class on time.

_____ Parent's/ Guardians must come into the studio to drop off and pick up their child.

_____ A written note and verbal communication with AOD/instructor is needed if your child goes home with anyone other than the parent listed above.

_____ It is parents' responsibility to ask another parent t they trust to watch/help their dancer if leaving facility.

_____ Quiet observation is allowed during the last class of each month.

_____ AOD cannot be held liable on or off the premises, for injury, accidents, or personal loss of family, siblings, or friends that attend events or wait with parents during classes.

Please keep all siblings with you during classes & events and do not allow them to wander or use the restroom alone.

Belongings/ Dress Attire/ Behavior

_____ Parents & Dancers Acknowledge AOD is not responsible for dancer's personal property. AOD cannot be held responsible for loss of or damage to Dancer's costume, hair pieces, shoes, makeup, clothing, electronics, & all other personal possessions.

_____ Students cell phones are not to be out or used during class sessions without permission.

_____ Students are expected to arrive on time and ready to dance. Please arrive early if dancer's need to change. Student's hair needs to be pulled back and out of their face. Dancers are expected to come with the required shoes for their classes.

_____ Parents are expected to act in a sportsmanlike manner & encourage their child to do the same. Students refusing to follow instructor's directions or who are continuously disruptive may be asked to discontinue with no reimbursement on tuition.

I, Acknowledge that I have read and agree to ALL Academy of Dance policies and procedure. I Acknowledge that by allowing my child to dance I am agreeing to follow and observe all policies and procedure, including but not limited to Liability, Fees/ Payments/ Make-up Classes, Pick-up/ Drop-off/Observation, Belongings/ Dress Attire/ Behavior.

Parent/ Guardian Signature

Date

COVID-19 Notice from Academy of Dance

The novel coronavirus ("COVID-19") has been classified by the World Health Organization as a global pandemic and has spread across the state of Washington. COVID-19 is a new disease and the state of scientific and medical knowledge regarding COVID-19 is limited and evolving. There remain unknowns regarding how the disease is spread and contracted and there is currently no known treatment, cure, or vaccine for COVID-19. COVID-19 is reported to be highly contagious and spread easily from person to person. **COVID-19 may result in serious illness, debilitating injury, or death.** Older adults and people of any age, including children, who have serious underlying medical conditions might be at higher risk for severe illness or death from COVID-19.

Academy of Dance, hereinafter referred to as AoD, has put in place measures in an effort to reduce the spread of COVID-19. However, notwithstanding any such efforts, it is simply not possible to guarantee that COVID-19 is not present nor to prevent you or **your child** from becoming exposed to, contracting, or spreading COVID-19. By entering AoD premises, attending AoD in-person, attending or participating in AoD activities in-person, and/or attending or participating in any AoD activities ("Activity"), you and your child are exposed to the risk of contracting or spreading COVID-19. By participating in certain activities associated with greater rates of disease transmission, you and your child are exposed to a high risk of contracting or spreading COVID-19. Activities that may pose a high risk for COVID-19 include (but are not limited to): singing, exercise, athletics, any activity where people are closer than 6 feet apart, any large gathering of people indoors, and this Activity.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, HOLD HARMLESS AGREEMENT

Assumption of Risk for COVID-19: I understand that my child's participation in this Activity is voluntary and is not required. By signing below, I acknowledge that I have carefully read the above; understand the risks of COVID-19 associated with entering AoD premises or facilities, attending AoD in-person, participating in AoD activities in-person, and/or participating in this Activity. I voluntarily assume such risks, including the risk of serious illness, debilitating injury, or death to my child and myself. By signing below, I further acknowledge that I understand that the risk of exposure to, contracting, or spreading COVID-19 may result from the acts, omissions, or negligence of myself and others, including but not limited to AoD employees, agents, representatives, volunteers; other students, program participants, and their families; and/or other individuals who may be present in AoD facilities or in attendance at any AoD activity. I knowingly assume such risks, including the risk of serious illness, debilitating injury, or death to my child and myself.

Waiver of Liability/Hold Harmless: By signing below, and in consideration for providing my child the opportunity to participate in the Activity, I voluntarily agree to waive and discharge any and all claims against AoD related to or arising out of COVID-19, and voluntarily release AoD from liability for any exposure to or illness or injury from COVID-19, including claims for negligent actions of AoD or its employees, agents, representatives, and volunteers related to or arising out of COVID-19, on behalf of myself and my child to the fullest extent allowed by law. By signing below, and in consideration for providing my child the opportunity to participate in the Activity, I agree to release, discharge, and hold harmless AoD and its employees, agents, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from COVID-19.

Required Form Signatures

I certify that I am the parent and/or legal guardian of the above-named student OR am the above-named student and am 18 years of age or older, that I have read and understand the foregoing, and accept and agree to be bound by the terms and conditions of the above.

X



Academy of Dance

412 E. Fairhaven Ave, Burlington, WA 98233

Media Release

1. I understand that photographers or videographers will sometimes be present photographing or filming Academy of Dance, Burlington WA classes, rehearsals and/or performances. I agree to allow the use of photos, films and my child's full name for the media, newspaper, radio and television, as well as all digital marketing campaigns, for publicity and advertising purposes. All Academy of Dance media is the sole property of Academy of Dance, and shall not be used without the written permission of Academy of Dance, Burlington WA.
2. All questions related to the news media, photographs, interviews, press clippings, and general public relations are the concern of Yvonne Cox, Director of Academy of Dance, and must be handled through the above channels.
3. I understand that my child may receive copies of photos and/or videos of productions/rehearsals that are the sole property of Academy of Dance, Burlington WA. I agree that the use of these photos/videos will be for personal use only. I further agree that these items will not be re-produced, distributed, or otherwise used for any publicity and/or publication purposes without the written permission of Academy of Dance.

Social Media

1. I/my child understand taking photos or videos of class and of the stage is strictly prohibited. All photos and videos are restricted to the dressing room areas only.
2. I/my child agree to maintain and respect Academy of Dance's professional image and restrict the posting of videos, images, and all media related items that may be considered to impugn Academy of Dance's professional status.
3. Posting of video, pictures, and other media related items on or through a social media network (including but not limited to Facebook, Twitter, YouTube, Snapchat, Flickr, Friendster, Instagram, Tumblr, LinkedIn) by me or my child are subject to the approval of the Academy of Dance Director, instructors or assistants. Should an item be deemed inappropriate by management, I/my child agree to remove said item upon request from all online services.
4. I/my child agree to credit Academy of Dance, Burlington WA on all appropriate videos, pictures, and other media related items, including but not limited to, social media networks and websites.

Signature of Parent or Guardian

Printed name of Parent or Guardian

Date

Student Name _____ Age _____

Address _____

City _____ State _____ ZIP _____

Phone Number (____) _____ Email _____