

The Dance Center • Class Registration 2020-2021

REGISTER BY MAIL! Fill out form - print clearly & completely (one Registration Form per family or single student) -
 1. Registration Form & Class Enrollment Form, both sides, and 2. Tuition check with annual registration fee of \$25/person or \$35/per family. Make check out & mail with form to: The Dance Center, 56 W. 6th St. Santa Rosa, CA 95401, phone: (707) 575-8277. PAYMENT MUST ACCOMPANY REGISTRATION.

Adult/Parent responsible for payment: (please print clearly!)

FIRST _____ LAST _____

Relationship to dancer (parent/guardian, etc.): _____

Address _____

City _____ ZIP _____

Phone #: Home: _____ Wk.: _____

Parent's cell: _____

E-mail address of person responsible for payment: (print clearly!) _____

Employer: _____

Household members enrolled at the studio:

Name/relationship _____

How did you hear about the studio? Friend's name _____

Website Facebook School Other _____

• Tuition and Fees Agreement • Date _____

I _____, (print payer's name), acknowledge the following financial responsibilities involved in participating in The Dance Center's classes:

- The annual registration fee is non-refundable.
- Tuition is due the 1st of the month - late fee after the 7th.
- A valid credit card must be on file for all online enrollments and enrollment in a class is only valid once all tuition paid.
- I agree all credit card transactions will be processed within 48 hours of the transaction date unless specific arrangements are made in advance with Dance Center staff.
- Monthly tuition is due and expected from each registered student. I understand that to make a class change, an add/drop slip must be completed at front desk 15 days prior to being in effect. Students that simply stop attending are still responsible for tuition until an add/drop slip is filled out. Class drops cannot be taken over the phone. Informal notice to teachers or to any staff member does not relieve any responsibility for tuition, fees or charges.

By signing below, I agree to abide by the studio's payment and dropped class policy, and where applicable, give permission for automatic payment by credit card for classes in which I/my child are enrolled.

Signature of adult/parent _____

PAYMENT OPTIONS - Avoid late fees! For your convenience, we offer automatic payment by debit card or credit card for monthly tuition. Information is kept confidential. Please choose one (must be updated each year) :

Tuition will be paid by: _____ automatic payment by debit card or credit card each month- please fill out below.
 _____ cash, check or credit card at the studio or by mail on the 1st of the month..

Name on card _____ Type of card: Visa MC Debit Card

Acct. no. _____ Exp. date _____

Agreement & Release of Liability I, _____, HEREBY ACKNOWLEDGE that I have voluntarily applied to participate (please print both student's and parent's name if minor)

in dancing instruction, training and performances through The Dance Center of Sonoma County in Santa Rosa, California.

I AM AWARE THAT PARTICIPATING IN DANCE CLASSES AND PERFORMANCES CAN RESULT IN INJURIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH FULL KNOWLEDGE OF THE RISKS INVOLVED. I HEREBY AGREE TO ACCEPT FULL RESPONSIBILITY FOR ANY AND ALL RISKS INVOLVED IN THESE ACTIVITIES. AS LAWFUL CONSIDERATION for being permitted by The Dance Center of Sonoma County or one of its affiliated organizations to participate in these activities and use their facilities, I hereby agree that I will not make a claim against, sue, attach the property of, or prosecute The Dance Center of Sonoma County, and/or one of its affiliated organizations, owners, or employees for injury or damage resulting from the negligence or other acts, however so caused by any employee, owner, agent, or contractor of The Dance Center of Sonoma County or its affiliates, as a result of my participation in dancing activities. In addition, I hereby release, defend, indemnify, hold harmless and discharge The Dance Center of Sonoma County, any of its affiliated organizations, all of its teachers, owners, employees, and agents, from all actions, claims, or demands I, my heirs, distributees, guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting from my participation in dance classes, instruction, performances, or competitions. I understand The Dance Center of Sonoma County is not responsible for my child once my child has left the premises, the property or any performance or competition venue.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE DANCE CENTER OF SONOMA COUNTY AND/OR ITS AFFILIATED ORGANIZATIONS AND I SIGN IT OF MY OWN FREE WILL.

Signature of dancer, parent or responsible party _____ Date _____

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FOR OFFICE USE ONLY

Today's Date _____ Total (family) Hours Wk. _____
 Monthly Tuition _____ Reg. fee _____ Other _____ Credit _____
 Total due _____ Total paid _____ BALANCE DUE _____

CHECK # _____

CASH

CREDIT CARD

AUTO PAYMENT: CC/DB

FD: _____ DBE: _____

Binder _____

Rollbook _____

Costume binder _____

→ → → TO COMPLETE REGISTRATION, BE SURE TO READ AND SIGN BACK OF FORM →

The Dance Center • Class Registration & Policies 2020-2021, page 2, please sign below

Medical Emergencies • I AM AWARE that The Dance Center of Sonoma County does not provide health insurance for me/my child. I ACKNOWLEDGE that I should carry my own health insurance. I ACKNOWLEDGE that I am fully responsible for any and all costs of transportation and care if I/my child requires medical treatment as a result of participation in Dance Center activity, travel to and from the activity (including air travel), or any events incidental to the activity. I AGREE to be financially responsible for any costs incurred as a result of any such treatment.

Performance-Imagery Release • I GIVE The Dance Center of Sonoma County, its representatives and employees the right to take photographs or video footage and to use any photographs, video footage or graphic materials in which I/my child appear for advertising and publicity purposes. I AGREE that The Dance Center of Sonoma County may use such photographs/video/graphics of me/my child with or without using names for any lawful purpose including, but not limited to publicity, illustration, advertising and web content. I AUTHORIZE that an imagery, video or graphics used in Dance Center advertising or publicity are the exclusive copyrighted property of The Dance Center and may not be used, displayed, copied, reproduced or distributed by any means without the express written consent of The Dance Center.

COVID-19 Policies • I AGREE to abide by The Dance Center's COVID-19 mitigation policies as outlined by the Sonoma County Office of Emergency Services Order of the Health Officer C19-15: Stay Well Sonoma County available online (<https://socoemergency.org/order-of-the-health-officer-c19-15-stay-well-sonoma-county/>) or at the studio front desk. I ACKNOWLEDGE that in the past 14 days, I (or the registrants on this form) have not experienced any COVID-19 signs or symptoms including (but not limited to):

- Coughing
- Nausea or vomiting
- Fever
- New or unusual headache
- Chills
- Diarrhea
- Sore throat
- Loss of taste or smell
- Achy feeling
- Tingling or numbness
- Breathing difficulties
- Temp above 100 degrees F (38 degrees C)

I AGREE to allow temperature screening and to re-certify being clear of any COVID-19 symptoms before entering the studio. I RECOGNIZE that a screening temperature greater than 100 degrees F (38 degrees C) will preclude my entrance into the building and my participation in any studio classes, performances or events. I AGREE that I will promptly notify The Dance Center of any test results or changes in my symptoms that alter my status. I AGREE that only one (1) parent will accompany young children ages 3-6 to class. For all other circumstances, I AGREE to drop off/pick up any student(s) in the parking lot and remain outside the studio while classes are in session.

I AGREE, without exception, that I (or the registrants on this form) shall do everything to minimize potential exposure by:

- Sanitizing hands before entering building
- Wearing a mask continuously
- Maintaining mandated social distancing
- Minimizing the use of studio facilities by using the restroom or changing clothes before arriving
- Conforming with studio entrances, exits and traffic patterns to minimize contact
- Limit carry-in items to: dance shoes, a personal labeled water bottle, items for changing between classes
- Sanitizing contact surfaces as requested before, during or after class

I GIVE PERMISSION, where applicable, for studio personnel to administer COVID-19 management protocols as The Dance Center deems appropriate including (but not limited to) hand sanitizing, proper social distancing, mask requirements and cooperatively sanitizing studios after each class.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THE HIGHLY CONTAGIOUS NATURE OF COVID-19 AND VOLUNTARILY ASSUME ANY ASSOCIATED RISKS. I UNDERSTAND THAT THE RISK OF BECOMING EXPOSED TO OR INFECTED BY COVID-19 MAY RESULT FROM THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF MYSELF AND OTHERS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR ANY SUCH EXPOSURES AND A CONTRACT BETWEEN MYSELF AND THE DANCE CENTER OF SONOMA COUNTY AND/OR ITS AFFILIATED ORGANIZATIONS AND I SIGN IT OF MY OWN FREE WILL.

Signature of dancer, parent or responsible party _____ Date _____