

DANCE FUSION NW/NORTHWEST CLASSICAL BALLET 2021-2022 REGISTRATION FORM

Student Name _____

Parent Name(s) _____

Address _____

City/State/Zip _____

Age _____ Birthdate _____ Shoe Size _____ Gender M F Other

CONTACT INFORMATION

Email#1 (Parent/Guardian) _____

Email#2 (Parent/Guardian) _____

Email#3 (Student) _____

Cell#1 (Parent/Guardian) _____

Cell#2 (Parent/Guardian) _____

Cell#3 (Student) _____

~ FOR OFFICE STAFF ONLY ~

REGISTRATION FEE PAID \$35 SINGLE \$50 FAMILY AMOUNT PAID _____

PERF GROUP/COMPANY FEE PAYMENT #1 PAYMENT #2 AMOUNT PAID _____

COMPETITION INSTALLMENT #1 #2 #3 AMOUNT PAID _____

HIP HOP SHOES (\$20.00) AMOUNT PAID _____

TOTAL TRAINING HOURS PER WEEK _____

ADD SILKS WORKSHOP _____

MONTHLY TUITION _____

Apply 5% Family Discount if applicable

TOTAL PAID AT REGISTRATION _____ PAID BY CHECK CREDIT CARD

FAMILY AGREES TO AUTO PAY BY CREDIT CARD BILLED MONTHLY

FAMILY AGREES TO AUTO BILL PAY THROUGH PERSONAL ACCOUNT PAYMENT DATE _____

STUDENT WEEKLY CLASS SCHEDULE

DAY OF WEEK <i>(Example: Tuesday)</i>	CLASS TIME <i>(Example: 4:00-5:00)</i>	NAME OF CLASS <i>(Example: Jazz 2/3)</i>
--	---	---

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

THE FOLLOWING CLASSES/PROGRAMS HAVE ADDITIONAL FEES
COMPANIES, PERFORMANCE GROUPS*, COMPETITION TEAM AND SILKS
*(*See invitation and agreement)*

**AERIAL SILKS CLASSES ARE SEPARATE AND NOT INCLUDED
IN WEEKLY/UNLIMITED TRAINING HOURS**
SILKS CLASSES \$225 / 8 WEEK SESSION
SILKS WORKSHOPS \$25.00/1 HR CLASS, \$40/1.5 HR CLASS, \$55/2 HR CLASS

INFORMATION & RELEASE FORM

Please read the following form carefully. Initial each line, sign and return with your registration card and registration fee on or before your first class. Thank you!

_____ Tuition is billed on the first business day of each month. Payment received after the 15th of the month will be charged a \$25.00 late fee.

_____ Students are placed in a level based upon their age and/or ability as determined by the DFNW/NCB teaching staff. In the event of missed classes, make-up classes may be taken in another class deemed appropriate and approved by office staff per Covid restrictions.

_____ Tuition is non-refundable. Refunds will be given to students in the event of a medical condition or extreme circumstance that prevents continuing. All other classes will be used, made up or forfeited per the decision of the individual.

_____ DFNW/NCB must be notified in writing regarding any added, dropped or transferred classes no later than the 15th of the month prior to the next pay period. (Add / Drop forms are available through the studio office and must be confirmed in person or by phone.)

_____ DFNW/NCB must be notified in writing regarding any existing medical condition (i.e.-asthma, food allergies, diabetes, etc.) that could affect the student during class.

_____ I understand that DFNW/NCB do large productions and my student will have a costume fee minimum of \$70/per class.

_____ I understand that the week before productions dancers are on a rigorous rehearsal schedule. DFNW/NCB will send links and updates and I will refer to the parent resources or other means available for detailed information. www.dancefusionnw.com / www.northwestclassicalballet.com

_____ I understand that volunteering is an important part of making the productions go smoothly and safely. I commit to one family member volunteering in an assigned capacity for at least one production.

_____ There is a student handbook available on the dancefusionnw.com website in the Parent Portal with all pertinent studio information, policies and procedures for Dance Fusion Northwest. I will review and refer to this for complete studio information.

_____ Maintaining a positive, uplifting environment is a priority at DFNW/NCB. If a student's conduct, behavior or attitude is disruptive or disrespectful to the class or instructor, the staff reserves the right to dismiss that student for the remainder of that class. All students will be welcomed back with a willingness to learn and participate.

_____ DFNW/NCB may take photos and/or videos during classes, workshops, camps and performances for promotional use only. I authorize and consent to the use of visual images by Dance Fusion Dance Fusion Northwest for website and advertising purposes.

_____ I understand that dance training involves rigorous physical activity that may sometimes result in accident or injury. Every effort is made to ensure the safety of students during classes, rehearsals and performances. I, (PRINT NAME) _____, will assume all responsibility for any medical care that my child may need while participating with Dance Fusion Northwest in classes, rehearsals and performances. The aforementioned is held harmless from liability, cause of action, debts, claims or demands which may arise in connection with the activities provided by Dance Fusion Northwest.

• I have carefully read the Dance Fusion NW Release Form and agree to all stated terms and conditions:

Dancer Name _____

Parent Name _____

Parent Signature _____ Date _____

AUTHORIZATION FOR DIRECT PAYMENT

Here's how the Direct Payment Plan works!

You authorize regularly scheduled payments to be made. Your payments will be made automatically each session throughout the class season. Proof of payment will appear on your account.

The authority you give to automatically charge your payment information on file will remain in effect until one of the following:

1. You notify us in writing to terminate the authorization
2. The end of the 10-month dance year (June) at which time Dance Fusion Northwest/Northwest Classical Ballet will discontinue automatic payments. Summer programs will be billed separately per your approval and authorization.

Any additional charges (ie: costumes, etc.) will be billed separately per your approval and authorization.

If for whatever reason payments cannot be processed to the payment information on file and your account balance remains overdue, your enrollment in classes will be cancelled.

All you need to do is:

1. Mark the box next to the plan
2. Enter payment information
3. Sign, date and return the completed form to the office
4. Notify the office any time your payment information changes

AUTOMATIC RECURRING PAYMENT PLAN

I authorize Dance Fusion Northwest/Northwest Classical Ballet to initiate electronic payments for the recurring charges due on my DFNW/NCB account(s). I understand that payments will be automatically made throughout the year at the monthly billing cycle. I understand that the payment amounts may vary if classes are added, dropped or transferred and charges to my account are modified. I understand that any additional charges associated with the Dance Fusion Northwest/Northwest Classical Ballet programs will be billed separately and charged only per my authorization. I understand that all personal information will be stored in a safe and secure location.

Payment Information:

Credit Card Type _____ Expiration Date _____

Card Number _____

Account Holder's Name _____

Signature _____ Date _____

DANCE FUSION NW/ NORTHWEST CLASSICAL BALLET PROTOCOL & PROCEDURES RELATING TO COVID-19

As we continue to navigate the novel Coronavirus (COVID-19), Dance Fusion Northwest and Northwest Classical Ballet are doing everything available to protect our students, our staff and our community as we reopen. Following guidance from the Centers for Disease Control (CDC), the State of Washington and the local medical community with regards to continued masking for vaccinated and unvaccinated, and common sense practices based on industry standards with the understanding that guidelines are ever evolving.

At this time, Dance Fusion Northwest/Northwest Classical Ballet will be following these procedures and policies to reduce the spread of the Coronavirus (COVID-19) and it's variants as activities reopen.

- All staff members, students and visitors are required to wear a mask
- Instructors and dancers may remove masks periodically during breaks
- Dancers sanitize before, during and after class
- No parents/visitors gathering in the waiting rooms and lobbies. Drop off/pick up only
- Payments encouraged to be made by credit card or automatic bill pay
- Garage bay and facility doors may remain ajar or open depending on weather to increase circulation
- Equipment, stereos and floors will be cleaned and sanitized throughout the week

Please do not attend classes if you have any of the following symptoms of COVID-19:

- Fever, Dry Cough
- Headache
- Loss of taste and smell
- Fatigue
- Difficulty Breathing
-

ASSUMPTION OF RISK RELATING TO COVID-19

I understand and agree that each time my dancer enters the studio:

- No member of my household has a fever or has exhibited any of the symptoms listed above within the last 7 days
- No member of my household has been exposed to someone with a suspected and/or confirmed case of the Coronavirus (COVID-19)
- No member of my household has been diagnosed with the Coronavirus (COVID-19) within the last 14 days
- My dancer has taken their temperature before coming to class

WAIVER OF LIABILITY RELATING TO COVID-19

I understand and agree:

- DFNW/NCB has put in place substantial preventative measures to reduce the spread of COVID-19; however, DFNW/NCB cannot guarantee that my child(ren) or I will not contract COVID-19.
- DFNW/NCB is doing everything they can to limit risk to staff and dancers. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury or illness. I hereby release and agree to hold Dance Fusion Northwest/Northwest Classical Ballet harmless and waive on behalf of myself, my heirs and any personal representatives any and all causes of action, claims, demands, damages, illness, injury, disability, death, costs, expenses, and compensation for damages or loss that may be caused by any act, or failure to act, or that otherwise may arise in any way in connection with services received from Dance Fusion Northwest/Northwest Classical Ballet. I agree to release Dance Fusion Northwest/Northwest Classical Ballet from any and all liability for unintentional exposure or harm due to the Coronavirus (COVID-19). Dance Fusion Northwest/Northwest Classical Ballet agrees to abide by these standards and affirms the same.

Notwithstanding the risks associated with COVID-19, which I readily acknowledge, by signing below I hereby willingly choose to participate in activities at Dance Fusion Northwest and/or Northwest Classical Ballet.

PARENT/GUARDIAN NAME: _____

DANCER NAME: _____

PARENT/GUARDIAN SIGNATURE: _____