

Registration Form



How did you hear about us _____

Parent 1 _____

Parent 1 Cell Phone _____ Work _____

Parent 2 _____

Parent 2 Cell Phone _____ Work _____

Address _____

City _____ State _____ Zip _____

Student's Name _____ (1 registration form per student please)

Student's Home Phone _____ Male _____ Female _____ Birthdate _____

***Email _____ *** Please note, to cut down on waste and be environment friendly, our primary method of communication is via email.

Emergency Contact _____ Emergency Phone _____

*Harbor Dance and Performance Center
2615 Jahn Ave NW Ste E10
Gig Harbor, WA 98335
253-858-5550
www.harbordance.net*

Harbor Dance Recital Contract

_____ Yes, I will be performing in the June Recital(s). (Finish filling out recital contract section)

_____ No, I will not be performing in the June Recital(s). (Skip ahead to the Program Waiver)

By initialing each statement below I am agreeing that I have read and understand the following statements:

_____ I understand it is in the best interest of me and/or my dancer to commit to participate in the Spring Recital(s) as soon as possible. I understand that the cutoff date for commitment to the recital is by Feb. 1st. I and/or my dancer must register with the front desk and participate in all classes regularly that I plan to perform in to fulfill this commitment.

_____ I understand that I and/or my child cannot miss more than 1 class per month between Feb. 1st and the Spring Recital, and that any additional absences must be communicated to the Dance Director.

_____ I understand that I must purchase a costume through Harbor Dance Studio to participate in the recital. If the class my dancer participates in decides to order through a costume vendor, a **non-refundable payment in full** is due on or before Feb. 15th. I understand that if I do not pay for my costume by this date, my child loses the privilege to participate in the June recital.

_____ I understand that I and/or my dancer must attend the dress rehearsal (the evening before the recital), and any other mandatory rehearsal(s) scheduled for the recital, and that failure to attend will take away my privilege of performing in the Spring Recital.

_____ I understand that I and/or my dancer must attend the photo shoot in the weeks preceding the recital, even if I do not intend to purchase pictures.

_____ I understand that a **non-refundable** fee of \$15.00 per family is required for participation in the Spring Recital(s). I also understand that financial aid is not available for this fee and I agree to pay this fee in full by Feb. 1st - the recital commitment deadline.

_____ I understand that I am responsible for any information regarding classes and the Spring Recital that is sent home with my dancer or given to me directly (all info will be e-mailed, as well if you have e-mail). Any missed information can be received from the dance director, however the dance director is in no way responsible if the information given out is lost or fails to reach the necessary contact.

_____ I have read the above and understand that breaking any of the recital-related policies listed above may result in non-participation for the Spring Recital(s), but that I still have the opportunity to remain in the program as a non-performing participant.

With my signature below, I certify that I have read and understood the terms of the Harbor Dance Recital Contract.

Signature _____ Date _____

**PLEASE TURN OVER TO COMPLETE THE DANCE
WAIVER AND RELEASE FORM**

Harbor Dance Waiver and Release Form:
Please read carefully and sign below.



As a participant and/or parent or guardian of _____, I understand that a non-refundable yearly fee of \$25 per child is due at the time of registration. I understand that tuition is non-refundable and due on the 1st of each month. In the event tuition is not paid by the 10th of each month, an increase of \$10 will be applied to my account. I agree to pay a fee of \$25 for each returned check or other payments which are declined by my financial institution. In the event that I choose to withdraw myself or my child from class(es), I agree to inform the office administration directly and immediately.

I am aware that participation in dance activities involves the use of ballet barres, equipment, and strenuous exercise in an environment which the student may not be familiar. I understand that the exercises and maneuvers involved in dance can result in serious injuries. These injuries can occur even though all reasonable safety precautions are taken.

In consideration for being allowed to participate in Harbor Dance and activities, I hereby waive and release all rights and claims for damages against Harbor Dance and Performance Center, members, sponsors, and their respective agents, representatives, successors, and for any and all responsibility and liability of any nature for injuries which may be suffered by me or my child in connection with any participation in Harbor Dance activities, and I further understand that there are risks involved, which I am willing to assume on behalf of myself and/or my child. I am aware that my picture and/or my child's picture may be taken during classes, and be used for promotional or display purposes. In executing the waiver and release, I understand that I am waiving any claims against Harbor Dance and Performance Center for any injury or damage that I or my child might suffer as a result of participation in dance activities.

Class	Day	Time

Signed (Participant/parent or guardian) _____ Date _____

Medical Information

Medications _____

Allergies _____

Health Insurance Carrier _____

Medical or special information we should be aware of?

Nearest ER or Hospital acceptable to take you/your child? YES _____ NO _____