



# The Dance Academy of North Jersey 2023-24 Registration Form

Lake Hopatcong: 768 Route 15 South

Phone: 973-663-2009

Website: [www.danj.us](http://www.danj.us)

Email: [dance.danj@gmail.com](mailto:dance.danj@gmail.com)

If you cannot complete the online registration form at [www.danj.us](http://www.danj.us), please complete this form and return with payment.

**Student** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Circle one: Male / Female      Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_ School \_\_\_\_\_

Disabilities \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Student's Primary Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Health Insurance Carrier \_\_\_\_\_

Other Information you feel should be brought to our attention \_\_\_\_\_

**1st Parent /Guardian** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Home Address (if not same) \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

**2nd Parent /Guardian** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Home Address (if not same) \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact** Full Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## Class Preferences (see website or printed schedule for class descriptions and times)

1. Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

2. Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

3. Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

4. Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

5. Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

6. Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

7. Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

## Parent/Guardian Agreement -- Disclaimers and Other Acknowledgements

### **Assumption of Risk, Release of Liability, Medical Emergencies**

As the legal parent or guardian of the student named on this form, I hereby release and hold harmless The Dance Academy of North Jersey LLC (herein referred to as "DANJ"), its owners, agents, employees, operators, instructors, contractors and volunteers from and against any and all liability, claims, demands, and causes of action whatsoever, arising directly or indirectly out of or related to any loss, misadventure, harm, cost, damage, or injury, including death, and the possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza and COVID-19, that may arise from or relate to the student's participation in DANJ classes and other activities while in or upon the DANJ premises or any premises under the control and/or supervision of DANJ, their owners and operators, or while en route to or from any of such premises. I certify that my child is in good health and proper physical condition to take part in dance activities. I understand that participation in classes involves physical movement and, therefore, there are risks inherent in dancing. I agree to provide medical insurance for my child and family. If my emergency contact cannot be reached, I give permission to DANJ staff to render aid or act in my behalf to obtain emergency medical treatment for the above-named student for any illness or injury that may occur during classes, rehearsal, performances, or on the premises.

### **Payment and Other Policies**

- Tuition is payable under one of the following payment plans: (i) 1 Payment, due upon registration; (ii) 3 Payments - due: 1st upon registration; 2nd: 11/15/23; and 3rd: 2/1/24; or (iii) 10 Payments due: 1st at registration; next 9 on the 15th of each month, starting 9/15/23 and ending 5/15/24.
- If my payment for any charge is overdue by four (4) days or more, I authorize DANJ to charge my credit/debit card (that I have provided to DANJ) for the full amount due including any past due fees and charges.
- All checks are payable to DANJ and a service fee of \$35.00 will be charged for every NSF check. Cash payment will be due to DANJ for any NSF check as well as a \$35 service charge. A late fee of \$15.00 per month for all missed payments will be assessed and payable regardless of the reason.
- I understand that failure to pay tuition, late fees, or any other charges may result in termination of my child's participation in their classes and any other DANJ activities until such a point that my account is made current.
- I understand that recital costume charges and recital ticket package charges are due on or before November 1, 2023 and February 1, 2024, respectively, and that my child's participation in the annual recital is subject to my payment in full of all amounts due. If my payment for costume charges is overdue, I hereby authorize DANJ to charge my credit/debit card on file for the full amount due including any past due fees and charges.
- I understand that if I decide to drop out of a class, I must notify the DANJ office manager in writing by the 5th of the preceding month in which my student is dropping to avoid being charged for the month (for example, you must notify the office on or before the 5th of October to avoid being charged for November).
- I understand that (a) registration fees are non-refundable, (b) DANJ does NOT issue refunds for any reason, including missed classes due to illness, vacation, religious observance, inclement weather studio closings, or withdrawal, and (c) missed classes may be made up in the same school year, subject to availability.
- I understand and agree to: (i) DANJ policies, including those described on the DANJ website; and (ii) if my child is a DANJ Competition Team member, the responsibilities described in the DANJ Competition Team Agreement. I understand and agree that DANJ may periodically send me billing statements and information via email and text.

Accounts must have a credit/debit card on file: **Select:** ☐ Visa ☐ MasterCard ☐ Disc; Circle One: Credit or Debit

**Account Number** \_\_\_\_\_ **Expire Date** \_\_\_\_\_ **Billing Zip** \_\_\_\_\_

\_\_\_\_\_  
**Full Name on Credit or Debit Card / Signature**

**Select Payment Plan:** ☐ In Full (due upon registration); ☐ 3 Payment Plan; or ☐ 10 Payment Plan

**Auto-Charge Approval:** I hereby authorize DANJ to charge my credit/debit card for tuition on the applicable due dates.

**Received with this Form:** Registration Fee: \_\_\_\_\_ Tuition: \_\_\_\_\_ Total: \_\_\_\_\_

**Acknowledgement of Understanding:** I have read this agreement and agree (by printing and signing my name below):

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Your Full Name:** \_\_\_\_\_

Website: [www.danj.us](http://www.danj.us)

Email: [dance.danj@gmail.com](mailto:dance.danj@gmail.com)