



The Dance Academy of North Jersey 2011-12 Registration Form

770 Route 15 South, STE 3, Lake Hopatcong, NJ 07849

Phone: 973-663-2009 Website: www.danj.us Email: dance.danj@gmail.com

If you cannot complete the online registration form at www.danj.us, please complete this form and return with payment.

Student First Name _____ Last Name _____

Circle one: Male / Female Date of Birth (mm/dd/yy) _____ Age _____ Grade _____

Home Address _____

Email Address _____ School _____

Disabilities _____ Allergies _____ Medications _____

Student's Primary Doctor _____ Phone Number _____

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 _____
8. Class _____	Day _____	Time _____
9. Class _____	Day _____	Time _____
10. Class _____	Day _____	Time _____
11. Class _____	Day _____	Time _____

Please make all checks payable to The Dance Academy of North Jersey or "DANJ". For registration and tuition fees, see our web site or brochure. We accept cash, checks and credit cards (Visa, MasterCard and Discover).

Received with this Form: Registration Fee: _____ **Tuition:** _____ **Total:** _____

Payment Plan: ___ Monthly **OR** ___ Installment (3 payments due: 1st upon registration; 2nd: 11/15/11; and 3rd: 2/15/12)

I hereby authorize DANJ to charge my: _____ Visa _____ MasterCard _____ Discover credit/debit card, Account Number _____ Exp _____, for my tuition which is \$_____ on a monthly basis (if I selected Monthly Plan) or \$_____ on the 3 Installment Plan due dates (if I selected Installment Plan).

I agree that tuition will be charged to my account on or about the 15th day of the month in which they become due.

I understand I must give cancellation notice to DANJ by the 5th of the preceding month in which any classes are dropped in order to avoid being charged for that month (e.g. cancel by Nov 5th to avoid charges for Dec).

Full Name on Credit or Debit Card

/

Signature

Disclaimers and Other Acknowledgements

Assumption of Risk

I certify that my child and/or the participant (such "child" or "participant" meaning the person identified as the "Student" in the registration form) is in proper physical condition to take part in dance activities. I realize that there are certain risks inherent in the art of dancing. As the legal parent or guardian, I hereby agree to assume the risk of any and all loss, damage, or injury, including death, that may arise from or relate to my child's and/or the participant's participation in the DANJ* classes and activities.

Release of Liability

As the legal parent or guardian, I hereby release and hold harmless DANJ*, as well as their owners and operators from and against any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, misadventure, harm, cost, damage, or injury, including death, that may be sustained by my child and/or the participant (such child or participant being the person identified as the "Student" in this registration form) for whom I am the legal guardian and/or the undersigned, while in or upon the premises or any premises under the control and supervision of DANJ*, their owners and operators, or while en route to or from any of such premises. I hereby authorize DANJ to use images of the registered Participant/Student for advertising purposes.

Payment Policies

I acknowledge that I have read, fully understand and will comply with the payment policies published on the DANJ website. By providing my credit card information on this registration form, I hereby authorize The Dance Academy of North Jersey, to charge such credit card for tuition and any past due fees and charges. I also understand that my child's participation in the annual recital is subject to my payment in full of all amounts due in accordance with such payment policies (including all amounts due prior to the annual recital).

Medical Emergencies

The undersigned gives permission to DANJ*, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.

Acknowledgement of Understanding

The Participant/Student and Parent(s) or Guardian(s) have read and fully understand the terms of this agreement, including the sections labeled Assumption of Risk, Release of Liability, Payment Policies and Medical Emergencies. Furthermore, the undersigned understands that Participant/Student is giving up substantial rights, including the right to compensation for injury resulting from ordinary negligence. The undersigned Participant and Parent(s) or Guardian(s) acknowledge that you are signing the agreement freely and voluntarily, and intend your signatures to be a complete and unconditional release of liability to the greatest extent allowed by law in the State of New Jersey. In signing this waiver of liability as Parent or Guardian, you acknowledge that you are consenting to the Participant's participation at DANJ* and acknowledge that you understand that any and all risks, including that of ordinary negligence, whether known or unknown, are expressly assumed by the Participant and Parent or Guardian and all claims, whether known or unknown, are expressly waived in advance.

* All references "DANJ" in the Disclaimers above also refer to The Dance Academy of North Jersey LLC

I have read the Disclaimers above and agree (by printing and signing my name below):

Signature: _____ Date: _____

Print Your Full Name: _____