



SPRING 2023 REGISTRATION
Monday January 23rd-Saturday June 10th, 2023

___ New Student ___ Returning Student

STUDENT INFORMATION

Student's Name: _____

Birth Date: _____ Age: _____

School: _____ Grade: _____

Home Address: _____

City: _____ Zip Code: _____

PARENT(S)/GUARDIAN(S)

Name: _____

Cell Phone: (_____) _____

E-Mail: _____

Name: _____

Cell Phone: (_____) _____

E-Mail: _____

PERSONS AUTHORIZED TO PICK UP CHILD

1. Name: _____ Relationship to child _____

Cell phone number _____

2. Name: _____ Relationship to child _____

Cell phone number: _____

How did you hear about our studio so that we can thank the referring party?

Previous Dance Training - please list prior dance experience (i.e. number of years, technique studied, etc.)

Costs for Spring 2023 session

½ hr class \$210/session

45 minute class \$315/session

1 hr. class \$420/session

1hr 15 min class \$525/session

1 1/2hr class \$630/session

Discounts:

Sibling discount 5% on combined tuition

3 or more hours per week per student 10%.

Discounts can not be combined

Payment plans available upon request

I would like to enroll my child in the following class(es):

Class : _____ Day/Time _____ Cost: _____

Class : _____ Day/Time _____ Cost: _____

Class : _____ Day/Time _____ Cost: _____

Class : _____ Day/Time _____ Cost: _____

Discounts Applied: \$_____ Total Due for Classes: _____

Our recital will be on Sunday, June 4, 2023 Each recreational class will do one dance in the recital. Tickets for the show will be available for purchase in April.

Recital fees are as follows:

Costumes are \$85/dance #dances _____ Total: _____

Recital Fee \$25/family (includes download of the performance and trophy) **\$25**

Grand Total (classes, costumes, recital fees): \$_____

_____ I give Inner Grace Dance permission to use photographs and/or video footage of my child taken in class on the Inner Grace Website and/or in Inner Grace Dance marketing materials.

Tuition is to be paid in full at time of registration unless a payment plan is agreed upon in advance. Please contact Connie to set up a plan.

I understand that all fees paid are non-refundable after a two week trial.
_____ (initial here)

Signed _____ Date: _____

Allergies: _____

Additional Information/Comments: _____

EMERGENCY INFORMATION

Physician: _____

Hospital Preference: _____

DRESS CODE

ALL STUDENTS ARE REQUIRED TO WEAR SHOES AND DANCE ATTIRE DURING THEIR CLASS. LEOTARD AND TIGHTS ARE REQUIRED FOR ALL BALLET CLASSES. LEGGINS, BOOTY SHORTS, LEOTARDS OR TIGHT FITTING TANK TOPS ARE REQUIRED FOR ALL OTHER CLASSES. GYM SHORTS, JEANS, SWEATERS ARE NOT DANCE ATTIRE. WE HAVE ALL SHOES AND DANCE ATTIRE IN STOCK FOR PURCHASE! IF WE DO NOT HAVE YOUR SIZE WE WILL ORDER THEM FOR YOU AND WILL HAVE IT TO YOU WITHIN A WEEK.

ALL STUDENTS HAIR SHOULD BE PULLED BACK IN A PONYTAIL OR BUN IF IT IS VERY LONG.

Mail Registration to:

Inner Grace Dance 42 Red Road Chatham NJ 07928

Phone: 201.274.6660 Email questions to: innergracedance@gmail.com

*All students must have signed liability waiver prior to starting first class

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM INNER GRACE DANCE PLEASE PRINT—You must fill out form completely or processing will be delayed. DATE: _____, 20____

Participant's Full Name (1) _____ Age _____

Participant's Full Name (2) _____ Age _____

Participant's Full Name (3) _____ Age _____

Parent's Full Name _____

Address _____

City _____ State _____ Zip _____

Home

Phone _____

Emergency Name/Phone _____

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

I HEREBY WAIVE, RELEASE, AND DISCHARGE INNER GRACE DANCE and all divisions thereof of any and all liability and responsibility for injuries, sickness, pandemics, accidents, natural disasters and/or acts of God incurred during participation in and/or instruction of camps, intensives, private instruction, choreography or any activity I may participate.

I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: INNER GRACE DANCE and/or their directors, officers, managers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this waiver, release and registration form from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name (1)

Participant's Signature (if under 18 yrs old, Parent or guardian must also sign below) _____

Print Participant's Name (2)

Participant's Signature (if under 18 yrs old, Parent or guardian must also sign below) _____

Print Participant's Name (3)

Participant's Signature (if under 18 yrs old, Parent or guardian must also sign below) _____

PARENT / GUARDIAN WAIVER FOR MINORS (Only if student is under 18 years old) The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Signature of Parent or Guardian _____

