



FALL 2025 REGISTRATION: Monday, September 8th-Saturday, January 24th, 2026

**Please fill out form, export and email to InnerGraceDance@gmail.com upon completion.  
Registration not confirmed until payment received. Register early to ensure class availability.**

☐ 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?**

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Cell phone number \_\_\_\_\_

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 Fall 2025 session (Payment plans available upon request)**

.5 hr class \$240/session  
45 minute class \$360/session  
1 hr. class \$480/session  
1.25 hr class \$600/session  
1.5 hour class \$720/session  
1.75 hour class \$840/session

Discounts (cannot be combined):

Sibling discount 5% on combined tuition  
3 or more hours per week per student 10%.  
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:
Class :	Day/Time	Cost:
Class :	Day/Time	Cost:
Class :	Day/Time	Cost:

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

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. Leggings, 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.

PLEASE SEND CHECK PAYMENTS TO:

Inner Grace Dance 42 Red Road Chatham NJ 07928

ZELLE: INNERGRACEDANCE@GMAIL.COM

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

\*All students must have signed liability waiver (below) prior to starting first class

## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM INNER GRACE DANCE

PLEASE NOTE: 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 \_\_\_\_\_

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

\_\_\_\_\_

Print Participant's Name (2) \_\_\_\_\_  
Participant's Signature (if under 18 years old, Parent or guardian must also sign below).  
\_\_\_\_\_

Print Participant's Name (3) \_\_\_\_\_  
Participant's Signature (if under 18 years 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 \_\_\_\_\_

**Please export document with Family Name in document name and email to  
InnerGraceDance@gmail.com upon completion.**

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