



Dotty McGill Dance

2021/22 Registration Form

\$25 Individual ~ \$45 Family REGISTRATION FEE Due at Registration

214 1/2 S. Broad Street ~ Grove City, PA 16127

Please read DMD Policy letter prior to filling out and signing.

dmdance@gmail.com ~ dottymcgilldance.com

You may mail to: 302 Edgewood Ave, Grove City, PA 16127

STUDENT INFORMATION

Last	First	M.I.	Birthdate	Age
			/ /	

New student For new students-How many years have you danced _____

PARENT/GUARDIAN INFORMATION

Father	Mother	Other	Relationship to Student
Address		City	Zip Code
Primary Phone	Alternate Phone	Email Address	
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PLEASE CHECK THE CLASSES YOU WISH TO TAKE

Level Placement based on instructor recommendation – *Prior class attendance and/or age requirements may be necessary

- | | | |
|---|---|--|
| <input type="checkbox"/> Tiny Tots (2 year old) | <input type="checkbox"/> Tap/Ballet Level I Age 5+* | <input type="checkbox"/> Acro* |
| <input type="checkbox"/> Mini Movers Age 3 Combo Class | <input type="checkbox"/> Tap/Ballet Level II* | <input type="checkbox"/> Ballet/Cecchetti* |
| <input type="checkbox"/> Kinder Kids Age 4 Tap/Ballet Combo | <input type="checkbox"/> Tap/Ballet Level III* | <input type="checkbox"/> Tap* |
| <input type="checkbox"/> Junior Competition Team* | <input type="checkbox"/> Tap/Ballet Level IV* | <input type="checkbox"/> Jazz/Stretch* |
| <input type="checkbox"/> Senior Competition Team* | <input type="checkbox"/> Tap/Cecchetti I* | |

PAYMENT AGREEMENT

I agree to be responsible for tuition payments until notification of withdrawal. If withdrawal is necessary, I understand that advanced written notification must be submitted to the dance studio one month prior to withdrawal. If the dance studio is not notified, my account will remain active and I will be responsible for tuition, regardless of student absences. I know that payment is due by the 10th of each month. I will give credit card authorization to be used in case of late payment, any tuition not paid by the 11th of the month will be charged to that credit card along with a \$10 LATE FEE. I am aware that there are NO REFUNDS or DEDUCTIONS for classes not attended. Tuition payment is due monthly September 2021-August 2022.

Parent/Guardian Signature	Date
	/ /

WAIVER AND RELEASE AGREEMENT

We, the undersigned parent and/or guardian of _____, a minor, upon signing this agreement do hereby acknowledge that the activities that I have requested my daughter/son participate in may be stressful on the body and carry with them the risk of physical injury. Therefore, I hereby release, discharge and agree to hold harmless and safe from any and all liabilities DOTTY MCGILL SCHOOL OF DANCE (Annita J. Garvey DBA Dotty McGill School of Dance) and any of the teacher or assistants from any and all claims, demands, actions, and causes of action arising out of the activities of said business, specifically including dance, acrobatics and related classes, practices and performances.

With the above in mind and being fully aware of the risks and possibility of injury involved, I consent to have my child participate in the program offered by Dotty McGill School of Dance (Annita J. Garvey DBA Dotty McGill School of Dance). I do waive and release all rights and claims for damages that I or my child may have against DOTTY MCGILL SCHOOL OF DANCE (Annita J. Garvey DBA Dotty McGill School of Dance) and/or it's representatives whether paid or volunteered.

Parent/Guardian Signature	Date / /
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MEDICAL CONSENT

It is the policy of DOTTY MCGILL SCHOOL OF DANCE (Annita J. Garvey DBA Dotty McGill School of Dance) and/or staff to notify a parent when a child is in need of medical attention. Occasionally, we cannot contact a parent/guardian and need immediate help for a student. Please sign below to allow DOTTY MCGILL SCHOOL OF DANCE (Annita J. Garvey DBA Dotty McGill School of Dance) to take appropriate action on behalf of your child.

I, THE PARENT/GUARDIAN OF _____, UNDERSTAND THAT MY SIGNATURE ON THIS AGREEMENT GIVES MY CONSENT TO THE STAFF OR THOSE REPRESENTING DOTTY MCGILL SCHOOL OF DANCE TO TRANSPORT MY CHILD TO A HOSPITAL OR CALL AN AMBULANCE SO EMERGENCY CARE CAN BE GIVEN. I ALSO GIVE MY PERMISSION TO ADMINISTER EMERGENCY CARE.

Physician Name	Office Phone ()
Medical Insurance Provider	ID #

Medical Condition (Please list any allergies, physical challenges, or chronic conditions that we should be aware of.)

Parent/Guardian Signature	Date / /
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WAIVER OF LIABILITY RELATING TO COVID-19/CORONAVIRUS

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

Dotty McGill Dance (DMD) cannot and thus does not promise to prevent you from becoming exposed to, contracting, or spreading COVID-19 while utilizing our premises. If you enter onto our premises, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to participate in DMD's programs and enter DMD's premises. I accept the risk of being exposed to, contracting, and/or spreading COVID-19 to participate in DMD's programs and enter DMD's premises.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against DMD and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure,

infection, and/or spread of COVID-19 related to utilizing DMD's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether know or unknown, foreseen or unforeseen.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Parent/Guardian Signature	Date / /
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IN CASE OF EMERGENCY~CONTACT

Name	Relationship to Student
Primary Phone ()	Alternate Phone ()

PHOTO/VIDEO RELEASE

Dotty McGill School of Dance may use photos or video of your child for social media, website, news releases, marketing and advertising or other publicity. Please sign below to grant your permission to use your child's photo/video for the purposes listed above.

Parent/Guardian Initial
