



DANCE LESSONS REGISTRATION FORM

\$50 Annual Registration Fee Per Student and \$20 Per Each Additional Family Member

(Non-Refundable)

APPLICATION IS SUBJECT TO REVIEW FOR CLASS AVAILABILITY

DATE: _____

Student's Name: _____ D.O.B.: _____ Age: _____

Parent Name: _____ Phone #: _____

Email Address: _____

Emergency Contact Name: _____

Relationship to Student: _____ Phone #: _____

HOW DID YOU HEAR ABOUT US: _____

MEDICAL: Please list any medical issues we need to be aware of:

Dance Class Schedule:

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

_____ (initial) I authorize Core Connection Dance Company, LLC to use any photos or video images or likeness without payment for marketing or promotional purposes.

_____ (initial) I agree to waive & hold harmless, Core Connection LLC, its associated entities, and staff from injury while participating in the programs.

_____ (initial) I understand the dance year runs August 2022 through June 2023. All students will remain registered throughout the dance year. The dance year will conclude with our Annual Dance Recital.

_____ (initial) I understand that there will be no refunds on dance tuition or classes due to any unknown circumstances such as mandated business closures, pandemics and other acts of God.

_____ (initial) I understand there are no refunds including but not limited to: tuition, fees, costumes, or products purchased from Core Connection LLC.

_____ (initial) I understand that Core Connection LLC is a drama free dance studio. Any drama regarding the student or parent will not be tolerated.

_____ (initial) If a student or parent is not in good standing with Core Connection LLC. The student will be removed from classes. No refunds will be given, including but not limited to: tuition, fees, costumes, or products purchased from Core Connection LLC.

_____ (initial) I understand my student is to follow all dance class guidelines and dress code policy.

Tuition and Payment Options

_____ (initial) I understand full tuition is due September 2022 through June 2023. There will be no prorated months except for August.

_____ (initial) For families on automatic tuition, payments will be collected on the 1st of each month unless otherwise noted from office management. Checks will not be accepted for monthly tuition.

_____ (initial) I acknowledge that dance tuition is due on the 1st of the month for families on automatic recurring payment. There is a 3.75% convenience fee for credit card payments.

_____ (initial) For families paying by cash or check: Tuition can be paid annually, semiannually, or quarterly. Quarters: August-October, November-December, January-February, April-June.

_____ (initial) I authorize Core Connection LLC, to automatically charge my account stated below for any payments more than 30 days overdue on my dance account.

_____ (initial) Any payments received after the 5th of our new quarter will result in a \$20 late fee.

_____ (initial) Any returned checks will result in an additional \$25 charge.

Cancellation Policy

_____ (initial) Cancellation of any class must be made 30 days before the next season starts.

_____ (initial) I understand that there is a *30-day* written notice from the next bill date (1st day of the new quarter) required to cancel Dance Lessons. Forms are available at the Front Desk. 30-Day Notice does not start until form is received IN STUDIO. Emailed forms will not be accepted.

_____ (initial) I understand there are no refunds on prepaid tuition. If we decide to cancel class mid-year and prepaid for an additional season a credit ONLY will be given per Directors approval.

Automatic Tuition (optional):

_____ (initial) I authorize Core Connection LLC, to automatically charge my account stated below for monthly Dance Lessons at the beginning of each month. I understand there is a 3.75% convenience fee.

Payment Method: Visa _____ MasterCard _____

Name on Card: _____ Credit Card #: _____

Security Code: _____ Exp. Date: _____

Address: _____ City: _____ Zip: _____

Parent Name (Please Print)

Parent Signature



Waiver, Release, and Indemnity Agreement

****** I am aware and hereby acknowledge that CORE CONNECTION LLC, dba CORE CONNECTION DANCE COMPANY is not providing insurance for participants in any of our programs. ******

My signature below releases Core Connection LLC, its officers, directors, staff, employees, and independent contractors, volunteer helpers, and landlords from any and all liability that may result from myself, my children, or any member of my family participating in dance lessons, exercise classes, rehearsals, parties, private lessons, performances, field trips, or any function sponsored by Core Connection LLC. I agree to hold Core Connection LLC, its officers, directors, staff, employees, and independent contractors, volunteer helpers, and landlords 100% harmless for any and all injury that may result from my dancer, myself, or any member of my family participating in the activities listed above. Our participation is completely voluntary. I acknowledge and fully understand that together with other persons at Core Connection LLC may be engaging in activities that involve risk of serious injury, which may include permanent disability and even death and severe social and economic losses which might result not only from participant's actions but also the action, inaction, or negligence of others, the rules of play, or the condition of the premises, or any equipment used and further that there may be risks not known to me or not reasonably foreseeable. I accept and agree to assume all of the foregoing risks and accept full responsibility and liability for any and all injury, loss, damage, disability or death suffered by or caused, in whole or in part. Participant and his/her/their heirs, release, waive, discharge and agree not to sue Core Connection LLC, its affiliates, owners, officers, employees, and their instructors in their capacities as representatives of Core Connection LLC whether salaried or volunteers, expressly including, but not limited to, the employees, instructors, coaches and the volunteers thereof (collectively, "Releases") from claims, demands, losses, or damages on account of bodily injury, death, property damage or loss, economic loss caused or alleged to be caused in whole or in part by Releases or any other party's actions, inactions or otherwise, participant also agrees to indemnify, defend and hold harmless Releases from any and all third-party claims caused in whole or in part by participant's actions or inactions. Participant consents to emergency medical care and transportation in order to obtain treatment in the event of an injury to participant as Core Connection LLC, employees, trainers and coaches may deem appropriate, at participant's sole cost and expense, and agrees to pay and reimburse Core Connection LLC for any costs, fees and expenses Core Connection LLC may incur in connection with any such medical treatment, transportation or care. Participant expressly agrees that the terms of this release and indemnity contained herein are intended to be as broad and inclusive as permitted by the laws of the state of Nevada. Any provision or portion of this Waiver, Release and Indemnity Agreement found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion. The offending provision or portion shall be construed to the maximum extent possible to confer upon the parties the benefits intended thereby.

I have read the above Waiver, Release and Indemnity Agreement and understand that by signing below, I have given up substantial rights.

Participant Name: _____ Date: _____

Parent or Guardians for Minors (Under 18 Years of Age) I, the undersigned parent or legal guardian of the participant named above, have read the above Waiver, Release and Indemnity Agreement and agree to its terms on behalf of my participant and myself. I understand that by signing below, I am giving up substantial rights on behalf of my participant and myself.

Signature of Parent/ Legal Guardian: _____ Date: _____



WAIVER AND RELEASE OF LIABILITY IN RELATIONSHIP TO THE CORONAVIRUS-COVID-19

I am voluntarily participating in an activity at CORE Connection Dance Company entirely at my own risk. I am aware of the risks associated with participating at CORE CONNECTION LLC, which may include, but are not limited to, exposure to Covid-19, contracting a disease or virus, physical or psychological injury, pain, suffering, illness, temporary or permanent disability (including paralysis), economic or emotional loss, and death. I understand that these injuries or outcomes may arise from my own or others' negligence, or conditions related to the CoronaVirus-Covid-19 Pandemic. Nonetheless, I assume all related risks, both known or unknown to me, of my participation in the activity. I release CORE Connection LLC, its owners, employers, and agents from liability for any claim related to or arising out of contracting a virus or disease.

I understand and acknowledge that novel coronavirus ("COVID 19") infections have been confirmed throughout the United States, including in Reno, Nevada. I acknowledge that the Centers for Disease Control and Prevention ("CDC") has advised that COVID-19 is transmitted mainly from person-to-person, including through respiratory droplets, and may be spread by people who are not showing symptoms. Accordingly, I understand that there is an inherent risk of exposure to COVID 19 through participation at CORE Connection Dance Company. I certify that I will not enter CORE Connection Dance Company if I have tested positive for COVID 19 within the last thirty (30) days or been exposed to someone that has tested positive for COVID 19 or is believed to have contracted COVID 19 within the last fourteen (14) days, nor will I enter CORE Connection Dance Company if I have any of one of the following known symptoms of COVID 19: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.

As the parent or custodian of a child under the age of 18, whom I am accompanying, I hereby include and agree that this agreement in its entirety applies to said child. I hereby assume all responsibility for the performance of a service for this child or the child accompanying me for my service.

Childs Name (please print): _____

Parents Name (please print): _____

Signature of Parent/ Legal Guardian: _____ **Date:** _____

