**Fouette Dance Studio Verdigre, Nebraska Director: Jenny Kucera**

**REGISTRATION FORM**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_**

**Parents’ Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby allow my child to participate in dance class offered by Fouette Dance Studio. I also agree to the liability wavier and studio rules which I have signed on this day.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name of Parent Legal Guardian**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Legal Guardian Date**

Fouette Dance Studio, Verdigre, Nebraska

Jenny Kucera

I wish to participate in a dance class/gymnastics class, which will include physical exercise.

I take full responsibility for knowing my physical limitations. I know I should seek medical approval before beginning any physical exercise program/dance class/gymnastics class.

I understand injuries can occur before, during or after any physical exercise program/dance class/gymnastics class. I assume that risk and release and hold Fouette Dance Studio and Jenny Kucera harmless for any responsibility or liability to me, my heirs or assigns.

In consideration for allowing me to participate, I waive all claims for personal injury or property damage which may occur before, during or after the dance class or gymnastics class.

I am at least 18 years of age signing on my own behalf or I am the parent or legal guardian signing on the behalf of the minor child participant so that the child will be permitted to participate.

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Print Name of Participant Birth Date Date of Signing

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent/Legal Guardian if Signature of Participant if Over 18 or

Participant if a Child of Parent/Legal Guardian of Child

**Covid-19: Student Participation and Studio Policy Agreements**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Legal Guardian must sign.**

The Covid-19 coronavirus has been declared a worldwide pandemic by the World Health Organization, is extremely contagious and is believed to spread mainly from person-to-person contact. By signing this, you ACKNOWLEDGE and ASSUME the RISK and DANGERS of ILLNESS, DISEASE, MEDICAL COMPLICATIONS, INJURY OF DEATH, caused by or related to COVID-19, by voluntarily entering the property of Fouette Dance Studio of Verdigre, Nebraska and participating in or viewing any recreation activities conducted on such property. No one guarantees that you or your child or children will not become infected with COVID-19. The person signing below voluntarily assumes the risk because he or she elects to do so.

The parent or legal guardian signing below on behalf of the Minor Participant, agree to the following:

 Fouette Dance Studio on whose property the Participant participates in any recreational activities, is released from any and all liability to the Participant (or Participant’s parents/legal guardians/siblings) on account of injury, illness, disease, quarantine or death from the COVID-19 coronavirus and any complications or related disease or condition, occurring as a result of entering the property of Fouette Dance Studio. Whether such injury, illness, condition, or death is caused by the negligence or other wrongful conduct of one or more of the instructors or any other participants, or viewers.

 The person signing below agrees to comply with all federal, state, and local laws and regulations, all directed health measures and guidelines, and all security polices or procedures established by Fouette Dance Studio regarding COVID-19, understanding that Fouette Dance Studio may choose to deny entrance to the property and the Participant may not be allowed to participate in recreational activity at the decision of Fouette Dance Studio at any time.

Payments are due on the first lesson of each month. Please mark the student’s name on the check or envelope. Each week that the payment is late, a $5.00 late fee will be added to the monthly tuition. All returned checks will have a $25.00 fine.

There will be no deductions for missed lessons except in cases of prolonged illness or vacation.

Each class will increase its level of difficulty according to the ability of the class as a whole. You will be notified if a change in placement needs to be made.

Please be on time for your lesson. Have your proper dancewear for each class (shoes/leotards/tights). No midriffs will be allowed. No shirts or cover-ups only workout shorts over leotards. All long hair MUST be tied back.

No gum, candy, pops, etc. will be allowed in class. Water bottles only! Please pick up after yourselves and children. You will be responsible for any damages made to the building by your child.

There is no observation for classes because it is too distracting for the students.

In case of bad weather, announcements will be on the local radio station. I will also send out e-mails. You can contact me via e-mail or call my cell.

There will be no class on Holidays. These include: Thanksgiving, Labor Day, Christmas, Easter, and Memorial Day. I ask for full cooperation in these matters. Please feel free to ask any questions or offer any suggestions.

**I have read the above and understand and agree to all its terms.**

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**Signature of Parent Print Name of Parent Signing**

**\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**Date**