



## Photography Release

I hereby give my consent for Harwood-Watson Dance Studios to use my child's (children's) likeness in photographic, social media and/or video to be used in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below. I understand that there is no compensation for any use of the photography or videos in these publications.

### **Names and ages of minor children:**

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

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

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

Parent/Guardian or Adult Student *Signature*: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent to Medical Treatment

**In an emergency**, when parental permission is not available, I hereby give my permission for a staff member of Harwood-Watson Dance Studios to provide emergency medical treatment for our child and/or ward.

PRINTED Name of Child: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Name of Child: \_\_\_\_\_

PRINTED Name of Parent or Guardian: \_\_\_\_\_

*Signature* of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Liability Waiver

I am aware that dance and the nature of the training and performing associated with Harwood-Watson Dance Studios place unusual stress on the body and carry with them the risk of physical injury. On behalf of my child (children) and myself, I assume the risk and agree that Harwood-Watson Dance Studios and the staff of this institution shall not be liable in any way for injuries sustained during attendance in classes, rehearsals, or any related functions.

It is also understood that dance instruction involves kinetic corrections that may include physically touching a student as part of regular class work and rehearsals. Parents/Guardians or students with any concerns should speak with their instructors before class.

PRINTED Name of Parent or Guardian: \_\_\_\_\_

*Signature* of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Staff initials: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Information

Disclosing the information on this form is optional for parents. However, HW Dance Studios cannot be held responsible for consequences arising from a lack of information about a student's medical history or medical condition/s. I have read and understand this statement.

Parent/Guardian *Signature:* \_\_\_\_\_ Date: \_\_\_\_\_

Student 1 Name	Student 2 Name	Student 3 Name
Date of Birth: _____	Date of Birth: _____	Date of Birth: _____
Student's Insurance:		
Name of Primary Insured:	Name of Primary Insured:	Name of Primary Insured:
Relationship to Student: _____	Relationship to Student: _____	Relationship to Student: _____
Individual + Group Numbers:	Individual + Group Numbers:	Individual + Group Numbers:
Preferred Hospital:	Preferred Hospital:	Preferred Hospital:
Preferred Physician:	Preferred Physician:	Preferred Physician:
Physician's PHONE:	Physician's PHONE:	Physician's PHONE:
<b>General Health of Student -</b> (Please Circle)	<b>General Health of Student -</b> (Please Circle)	<b>General Health of Student -</b> (Please Circle)
Good    Fair    Poor	Good    Fair    Poor	Good    Fair    Poor
Student Allergies? (foods, medicines, insect stings, etc.)	Student Allergies? (foods, medicines, insect stings, etc.)	Student Allergies? (foods, medicines, insect stings, etc.)
Yes    No	Yes    No	Yes    No
Please list allergies & recommended treatment:	Please list allergies & recommended treatment:	Please list allergies & recommended treatment:
<b>Student Medications:</b>	<b>Student Medications:</b>	<b>Student Medications:</b>
Student have <b>Asthma?</b> Y    N	Student have <b>Asthma?</b> Y    N	Student have <b>Asthma?</b> Y    N
Recommended Tx:	Recommended Tx:	Recommended Tx:
Chronic/Severe Illness or Injuries or recent surgery?    Y    N	Chronic/Severe Illness or Injuries or recent surgery?    Y    N	Chronic/Severe Illness or Injuries or recent surgery?    Y    N
List:	List:	List:
Hearing or Vision Aids?    Y    N	Hearing or Vision Aids?    Y    N	Hearing or Vision Aids?    Y    N
List:	List:	List:
Disabilities?    Y    N	Disabilities?    Y    N	Disabilities?    Y    N
List:	List:	List:
Seizures?    Y    N	Seizures?    Y    N	Seizures?    Y    N
<b>OTHER:</b>	<b>OTHER:</b>	<b>OTHER:</b>

Staff initials: \_\_\_\_\_ Date: \_\_\_\_\_

## 2017-18 Student Commitment Contract

- I will be in class, with the proper attire (dress code and hair, no jewelry, only stud earrings accepted), warmed up and focused before class begins. I will take responsibility for being on time to all classes, rehearsals and performances.
- I will be focused throughout class, accept and apply corrections, and follow directions.
- Whenever possible I will attend dance performances such as the Harwood-Watson student company productions, VCC East Dance Repertory and performances of the Orlando Ballet to help broaden my understanding of dance.
- I will respect the facility around me whether at HWDS or at any venue I am representing HWDS and clean up after myself at all times. I will help keep the dressing rooms and bathrooms clean and neat.
- I will be supportive of my peers and participate fully for the duration of each class. I will maintain a consistently respectful attitude toward my class, my peers, teachers, administrators and all the student body family of HWDS.

Signature of Student 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student 2: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student 3: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## 2017-18 Family Commitment Contract

- I have read and will follow the HWDS Studio Policies.
- I will make sure my children are wearing appropriate cover-ups over their dancewear when entering and exiting Harwood-Watson Dance Studios or any venue (e.g., a theater) representing HWDS.
- I will support my children's participation in dance classes by ensuring punctual transportation for them to and from classes, rehearsals, and performances.
- I will take responsibility for my children having the correct and necessary uniform (including proper hair style) according to the dress code for each class.
- I will be aware of my children's other activities and plan accordingly. When necessary, my children or I will contact the studio before their designated class time/s to inform staff of any absences. I will facilitate my child making up missed classes within the specified time limit if at all possible. I understand that tuition will not be refunded for missed classes.
- I understand that classes missed due to absences may be made up in **any** class in my children's level or below before March 2017 OR after HWDS 2017 Showcase to the end of June 2017, and in the same or comparable dance genre (example: Ballet for Ballet) after March 2017 and before HWDS Showcase 2017. If I am unable to have my child/ren make up missed classes, I understand the opportunity to make up classes is forfeited.
- I will treat the studio (including the lobby, restrooms and waiting areas) with respect and as a busy working place. Snacks, drinks and any foods will be minimal and consumed with respect to others around me including no strong aromas. Street shoes will not be worn on the dance flooring. No one will enter the classrooms without staff invitation.
- If younger siblings (or other children) are waiting with me, I understand that I must supervise them and their activities at all times. No running, loud voices or noises, horseplay, swinging on the drapes, etc., at any time; and traffic areas must be kept clear for safety. All volume will be kept low and any louder activity will be taken outside.
- I will be sure my child and other family members are aware of all HW Dance Studios policies and the behavior that is expected of them while at HW Dance Studios.
- I understand that I must give **written notice** of cancellation if my children need to drop any or all classes at least 30 days prior to their last attend-able class/es in order to stop billing tuition.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Staff initials: \_\_\_\_\_ Date: \_\_\_\_\_



Harwood-Watson  
Dance Studios

**2017-18 CREDIT CARD AUTO PAYMENT CONTRACT**

**~ For Bi-Annual Payment and Monthly Payments ~**

I, \_\_\_\_\_, hereby authorize Harwood-Watson Dance Studios to charge my credit card on the first of each remaining nine tuition months \$\_\_\_\_\_ (from October 1, 2017 through June 1, 2018) to pay for my children's classes.

**Or** —

I, \_\_\_\_\_, prefer to pay in person at the studio before the 10<sup>th</sup> of the month. I understand that if I have not paid by the end of business operations on the 10<sup>th</sup> that HW Dance Studios has my permission to charge my credit card for that month's tuition the following day.

**Please print ALL information:** Registration Date: \_\_\_\_\_ Class START Date: \_\_\_\_\_

**PARENT** name (S): \_\_\_\_\_

STUDENT 1 name: \_\_\_\_\_ STUDENT 2 name: \_\_\_\_\_ STUDENT 3 name: \_\_\_\_\_

STUDENT 4 name: \_\_\_\_\_ STUDENT 5 name: \_\_\_\_\_ STUDENT 6 name: \_\_\_\_\_

**(CHOOSE ONE):**  BI-ANNUAL Tuition Amount \$\_\_\_\_\_  Monthly Tuition Amount \$\_\_\_\_\_

**EMAIL** (s): \_\_\_\_\_

**HOME** phone: \_\_\_\_\_ **CELL:** \_\_\_\_\_ **CELL** \_\_\_\_\_

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**Credit Card TYPE: AX Visa MC Discovery**

Credit Card # \_\_\_\_\_ Expiration DATE: \_\_\_\_\_

CREDIT CARD **BILLING** Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

***Signature:*** \_\_\_\_\_ Date: \_\_\_\_\_

\*\***Alternate** Credit Card (OPTIONAL) TYPE: AX Visa MC Discovery

Credit Card # \_\_\_\_\_ Expiration DATE: \_\_\_\_\_

Security code: \_\_\_\_\_ Billing Address ZIP CODE: \_\_\_\_\_

***Signature:*** \_\_\_\_\_ Date: \_\_\_\_\_

***Staff initials:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_