

WHEN COMPLETE

EMAIL FORM TO

DANCE@ginanespoli.com

or

Drop off At Studio

CHDS COVID 19 PROTOCOLS

Dane @ EMPIRE AC has installed the RGF PHI-CELL and RHEME HALO TECHNOLOGY in our HVAC units for the studio. This ensures the air handlers and air the students are breathing is continuously sanitized.

The following procedures have been implemented to ensure the safety and health of all our family members. We take your child's health and safety very seriously and want to ensure everyone feels safe while at the studio during these trying times. We will amend this document as needed to meet the growing needs required by this illness.

- 1 – Parents are allowed in the studio to drop off their child. Masks are optional.
- 2 – Masks are parents choice for children attending camp or intensive.

Waiver and Release from Liability Form
Summer Camp/Summer Intensive
Creative Heart Dance Studio

I, _____ (print your name) have chosen to have my child, _____ (print child's name), participate in summer camp/summer intensive at Creative Heart Dance Studio. I acknowledge that I understand the nature of the activities my child will be participating in and the possibility that despite precautions, accidents and/or physical injury that may occur.

I/we agree to release and hold harmless Creative Heart Dance Studio, including its teachers and staff members from any cause of action, claims, or demands now and in the future. I/we will not hold Creative Heart Dance Studio liable for any personal injury or any personal property damage or loss, which may occur on the premises before, during or after classes or which may occur at any Creative Heart Dance Studio sponsored event outside the studio. I/we agree to release and hold harmless Creative Heart Dance Studio due to sickness, including but not limited to Covid Coronavirus and its variants.

Furthermore I/we agree to take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Creative Heart Dance Studio.

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

I also agree that Creative Heart Dance Studio may take and use photographs, videos or likenesses of myself or my child as needed for its record keeping, advertising, social media and/or public relations projects and that I have no rights to the same and will not be compensated for the same. I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area

I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.

→ Signature of Parent or Guardian: _____

→ Date: _____

→ Dancer's Name: _____

→ Parent/Guardian Address:

→ Phone: _____ Email: _____

Creative Heart Dance Studio

REGISTRATION FORM FOR SUMMER CAMP/SUMMER INTENSIVE - 2023

	Student name (first, last)	Age	D.O.B.	Gender
1				
2				

Email address _____ Phone # _____

Home address _____ City _____ Zip _____

Mother Name (first, last)	Work Phone	Cell Phone
Father Name (first, last)	Work Phone	Cell Phone

Any medical conditions we should be aware of?

In case of an emergency and I cannot be reached, I authorize the staff at Creative Heart Dance Studio to obtain whatever medical treatment is deemed necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my insurance would cover such charges and fees.

⇒ Signature _____ Date _____

AUTOMATIC CREDIT CARD PAYMENT AUTHORIZATION

CREDIT CARD PAYMENT (circle one): VISA MASTERCARD AMERICAN EXPRESS

CC# _____ EXP. DATE: _____ CVC# _____

Full payment is due upon registration of Summer Camp. Cancellation policy for Summer Camp program: Camp must receive a written cancellation notice by 7 days prior to the first day of the program. Any cancellations after the deadline: Registrants will be charged a cancellation fee of \$55.00. A credit will be issued for illnesses and injuries if a doctor's note/positive Covid test is provided.

⇒ Week(s) my child will attend (CIRCLE ONE) summer camp summer intensive

⇒ Card Holders Name: _____

⇒ Signature _____ Date _____

(early registration is January 4-April 30 to receive a 10% discount) Refer a friend and receive a discount!

All information contained on this form will be kept completely confidential and secure and will not be shared with anyone under any circumstances.