

Gotta Dance

101 Brick Kiln Road #4

Chelmsford, MA 01824

978-671-0400 ~ www.ksgottadance.com

DANCE REGISTRATION FORM

2020/2021

STUDENT NAME: _____

D.O.B. _____ **AGE as of 9/1/2020:** _____ **GRADE:** _____

PARENT NAME: _____

ADDRESS: _____ **ZIP:** _____

HOME #: _____ **CELL #:** _____ **WORK #:** _____

***EMAIL:** _____ (**most of our information is sent via email*)

PLEASE LIST ANY MEDICAL CONDITIONS TO BE AWARE OF:

CLASSES INTERESTED IN: (*Please include day, class, and time preferred*)

ALTERNATIVE CLASSES INTERESTED IN: _____

DANCE EXPERIENCE: _____

** Please enclose a \$20.00 registration fee per student or \$25.00 per family*

** **Gotta Dance** RESERVES THE RIGHT TO ANY SCHEDULE CHANGES. IF SUCH CHANGES TAKE PLACE YOU WILL BE NOTIFIED IMMEDIATELY.*

** **Gotta Dance** has a "no refund policy" on registration, tuition, or costumes.*

Gotta Dance AND ITS INSTRUCTORS ARE NOT LIABLE FOR PERSONAL INJURIES OR LOSS OR DAMAGE TO PERSONAL PROPERTY. EACH STUDENT MAY DECLINE TO PARTICIPATE IN ANY ACTIVITY. PLEASE INFORM INSTRUCTOR OF ANY PHYSICAL LIMITATIONS WHICH MAY PREVENT FULL PARTICIPATION IN CLASS.

PARENT SIGNATURE: _____ **DATE:** _____

****PLEASE READ AND SIGN THE COVID 19 WAIVER ON THE BACK SIDE OF THIS FORM****

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COVID-19 STUDENT WAIVER-RELEASE FORM

- I understand and agree to all the new COVID-19 related rules and protocols administered by ***Gotta Dance***.
- I understand if I/my child is sick they will not come to class, and must have a doctor's note clearing them from COVID-19 before they can participate, or stay out of dance for at least 14 days symptom-free, whichever comes first.
- I understand I/my child will stay home from dance if someone in my immediate household contracts the virus, and must have a doctor's note clearing them from COVID-19 before they can participate, or stay out of dance for at least 14 days symptom-free, whichever comes first.
- I understand I am willingly and voluntarily allowing myself/my child to participate in an activity where they are around other people, thus increasing their risk of contraction.
- I understand the risk associated with allowing myself/my child to participate in dance classes regarding COVID-19.
- However, while I also understand ***Gotta Dance*** will do whatever it can to prevent the spread of the disease, ***Gotta Dance*** cannot be held responsible should any child, parent or guardian contract COVID-19 while utilizing ***Gotta Dance*** services and premises.
- I hereby release and discharge ***Gotta Dance*** and any of its owners, directors, and employees from any liability whatsoever which may arise as a result of me/my child participating in events sponsored by ***Gotta Dance***.

Student Name (Print): _____

Parent/Guardian (Student if over 18) Signature: _____

Parent/Guardian Name (Print): _____

Date: _____