

# GOTTA DANCE SUMMER REGISTRATION

www.GottaDanceNJ.com \* 285 Market Street Elmwood Park, NJ \* (201) 794-0001



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

Date of Birth \_\_\_\_\_ Grade (in Sept) \_\_\_\_\_

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## EMERGENCY CONTACT AND PICK-UP AUTHORIZATION

The following person should be contacted in case of emergency, only if above mentioned parent(s)/guardian(s) cannot be reached AND are authorized to pick up the child:

Name of Emergency Contact (other than a parent) \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone #: \_\_\_\_\_

## CAN YOU PROVIDE ANY ADDITIONAL INFORMATION THAT WOULD BE HELPFUL TO OUR STAFF:

(allergies, medications, or injuries we need to be aware of, etc):

## POLICIES

**PAYMENT OF FEES** Tuition is non-refundable. If a payment is rejected due to insufficient funds there will be a \$30.00 NSF charge that will automatically be charged to the account on file.

**PHOTO RELEASE** The school is hereby granted permission to take photographs and videos of the students to use in brochures, websites, posters, advertisements, social media, and other promotional materials the school creates.

## WAIVER OF LIABILITY

I understand that GOTTA DANCE assumes no responsibility for injuries or illnesses which my child may sustain as a result of any physical condition or resulting from participation in any summer program activities or experiences. I expressly acknowledge on behalf of my child that I assume the risk for any and all injuries and illnesses which may result from my child's participation in these activities. I hereby release and discharge GOTTA DANCE to its directors, officers, employees and volunteers from any and all claims for accidents, injuries, loss or damage which my child may suffer as a result of participating in these activities.

In the event that my child needs immediate medical attention for injuries received while participating in a GOTTA DANCE program, I authorize the GOTTA DANCE staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. GOTTA DANCE receives medical information on campers/participants that may need to be shared with medical providers.

I have read and understand the above policies and procedures and agree to abide by them.

I hereby release all pictures of my child taken by GOTTA DANCE for promotional purposes and programming materials including the GOTTA DANCE website.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Parent/Guardian Name \_\_\_\_\_

→ → → **TURN OVER** → → →



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PAGE 2 - please be sure to turn over and fill out page 1 in its entirety

**THIS FORM & FULL PAYMENT IS DUE NO LATER THAN MAY 18th**

## PLEASE CHECK OFF THE CLASS(ES) YOUR CHILD WILL BE ATTENDING:

- 3 Week Acro Camp age 5 - 8 (Mon, July 8th, 15th & 22nd from 5:00 - 6:00 pm)  
\$70.00 early bird discount if paid by April 13th                      \$75.00 after early bird discount ends
  
- 3 Week Acro Camp age 9 & up (Mon, July 8th, 15th & 22nd from 6:00 - 7:30 pm)  
\$105.00 early bird discount if paid by April 13th                      \$112.50 after early bird discount ends
  
- BARBIE DANCE CAMP age 4 - 7 (Tues, July 9th - 11th from 5:00 - 7:00 pm)  
\$138.00 early bird discount if paid by April 13th                      \$150.00 after early bird discount ends
  
- PERFORMANCE TEAM age 8 - up (Wed, July 10th, 17th, 24th & 31st from 6:00 - 8:00 pm)  
\*\*MUST ALREADY BE REGISTERED FOR TAP, BALLET & JAZZ FALL 2024  
\$200.00 early bird discount if paid by April 13th                      \$225.00 after early bird discount ends

Total Tuition \$ \_\_\_\_\_ Date paid \_\_\_\_\_  cash     check# \_\_\_\_\_