

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** → → →



GOTTA DANCE SUMMER REGISTRATION

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 20th

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

- 3 Week Acro Camp age 5 - 9 (Mon, July 10th, 17th & 24th from 5:00 - 6:00 pm)
\$65.00 early bird discount if paid by April 15th \$70.00 after early bird discount ends
- 3 Week Acro Camp age 10 & up (Mon, July 10th, 17th & 24th from 6:00 - 7:00 pm)
\$65.00 early bird discount if paid by April 15th \$70.00 after early bird discount ends
- FAIRY TALE DANCE CAMP age 4 - 7 (Tues, July 11th - 13th from 5:00 - 7:00 pm)
\$126.00 early bird discount if paid by April 15th \$138.00 after early bird discount ends
- "NEW" MINI PERFORMANCE TEAM age 8 - 11 (Tues, July 11th - 13th from 5:30 - 6:30 pm)
**MUST ALREADY BE REGISTERED FOR TAP, BALLET & JAZZ FALL 2023
\$63.00 early bird discount if paid by April 15th \$69.00 after early bird discount ends
- PERFORMANCE TEAM age 11 - up (Tues, July 11th - 13th from 6:30 - 8:30 pm)
**MUST ALREADY BE REGISTERED FOR TAP, BALLET & JAZZ FALL 2023
\$126.00 early bird discount if paid by April 15th \$138.00 after early bird discount ends

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