



**DH FIT CREW FUN FOR KIDS AT THE DANCE HAVEN INC. REGISTRATION FORM**

PLEASE COMPLETE FORM AND EMAIL TO [INFO@THEDANCEHAVEN.COM](mailto:INFO@THEDANCEHAVEN.COM) OR MAIL TO 379 SALEM STREET, MEDFORD, MA 02155, PAYMENTS CAN BE MADE BY CHECK OR CREDIT CARD.

PLEASE PRINT IN INK

**Student Information:**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Age** \_\_\_\_\_ **Birth Date** \_\_\_ / \_\_\_ / \_\_\_\_\_ **Grade** \_\_\_\_\_

**Classes Registered For:** SESSION 1 FEB 3<sup>RD</sup> – MARCH 10<sup>TH</sup> WEDNESDAY 3:30-4:15 PM

**PLEASE CHECK ONE OF THE BOXES BELOW:**

- I WILL PARTICIPATE IN STUDIO OR ZOOM
- I WILL PARTICIPATE IN ZOOM ONLY

**Parent/Guardian** \_\_\_\_\_

**Home Telephone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Work Telephone** \_\_\_\_\_ **Work Email** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

**Home Telephone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Work Telephone** \_\_\_\_\_ **Work Email** \_\_\_\_\_

**EMERGENCY CONTACT NAME** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_

**EMERGENCY CONTACT PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

Do you/your child have any medical/physical disabilities that limit participation?

If yes please describe below in the Medical History.

- Yes
- No

I acknowledge that I/my child is fit and capable of participating in classes. Each student may decline to participate in any activity, which may be personally harmful and is also responsible to inform the instructor of any physical limitations that may prevent full participation in class. The Dance Haven and the instructors are not liable for personal injuries or loss or damage to personal property. I waive all rights for claims against The Dance Haven, or it's staff or Instructors for damages or injuries that may occur while I participate in activities. I agree to pay any costs and penalties should my account become delinquent and a collection agency is necessary to recover any monies owed by me.

**Student Signature or Parent/Guardian if Under18**

\_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical History:** All Students or Parents/Guardians are encouraged to complete this optional medical history form. The Dance Haven will provide this information to emergency service personnel caring for your child. The Dance Haven nor its staff or instructors does not assume the responsibility of verifying or updating the information provided. Students or Parents/Guardians are urged to inform The Dance Haven of any changes in the physical condition of you/your child.

Serious Diseases: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Physicians: \_\_\_\_\_

Additional Information: \_\_\_\_\_

## DANCE HAVEN COVID-19 GUIDELINES & INFO

AT THE DANCE HAVEN WE WANT TO ASSURE OUR STUDENTS AND THEIR FAMILIES THAT WE HAVE TAKEN SAFETY PRECAUTIONS TO KEEP EVERYONE AS SAFE AS POSSIBLE. WE HAVE INVESTED IN CDC RECOMMENDED SANITIZING SOLUTIONS AND HEPA FILTERS FOR EACH CLASSROOM. WE WILL FOLLOW ALL OF THE GUIDELINES OF THE CDC AND OUR LOCAL ADMINISTRATORS. THANK YOU FOR SUPPORTING US.

- Students cannot attend classes if they are sick and cannot enter the studio until they are fully well and non contagious. You must follow all state guidelines and quarantine and be symptom free before returning to in studio classes.
- Due to restrictions Parents cannot enter the studio. Students can be dropped off only. Please arrive in a timely manner.
- No one can participate without a signed registration and waiver agreement adhering to all policies and Covid- 19 guidelines.
- If you have traveled you must quarantine for 14 days and show a negative test. You may participate on zoom until then.
- Masks or face coverings should be worn at all times.
- We have spaced out our studio with markers to give distancing guidance, and provided our staff with the training to facilitate this.
- Students will need to bring their bag and water and stand in designated spots with the guidance of staff.
- Students must abide by the dress code and come dressed to participate in class. Hair that is long enough to touch the shoulders must be pulled back.
- There are no street shoes or boots allowed in the studio rooms. Please use fitness sneakers.
- Parents must drop off dancers at the designated studio door. Students will enter and wash and sanitize hands before and after class, and they will leave their street shoes and other outer gear in our lobby in a designate spot for each student.
- After class is over students will sanitize their hands collect their belongings, and leave through the designated door for their class. Parents must pick up students on time so we can clean and prepare for the next class.
- Guidelines will be updated as needed and based on city and state requirements.

## Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

THE DANCE HAVEN, Inc. has put in place preventative measures to reduce the spread of COVID-19; however, The Dance Haven **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending the Business could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending The Dance Haven and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at The Dance Haven may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Business employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at The Dance Haven or participation in The Dance Haven programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless The Dance Haven, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of The Dance Haven, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Business program.

Participant Full Name: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(PLEASE PRINT)

Parent/Guardian FULL NAME: \_\_\_\_\_  
(PLEASE PRINT)

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

# Automatic Payment From Your Credit Card

## TERMS OF AGREEMENT

I am authorizing THE DANCE HAVEN, INC. to charge my credit card account in the amount of the pledge I have indicated (circle the name of program) – MONTHLY, BI-YEARLY, YEARLY. I am in agreement with the tuition policies stated by THE DANCE HAVEN, INC. \_\_\_\_\_(initial here)

This agreement will remain in effect until I have given THE DANCE HAVEN, INC. at least thirty (30) days written notice of its termination. A record of each payment will appear on my credit card statement and will serve as my receipt.

**PLEASE CHECK ONE:**     VISA     MasterCard     Discover

Automatic payment amount: \$ \_\_\_\_\_

Credit card #: \_\_\_\_\_

Security code # \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete the following information:**

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

To change payments to a different credit card you must resend this form 30 days prior to your scheduled payment.

**The Dance Haven, Inc.  
379 Salem Street, Medford, MA 02155  
781-391-0677  
www.thedancehaven.com**