

## Franklin School of Dance CLASS REGISTRATION FORM

*To register, please complete this form and mail to: Franklin School of Dance, 152 N. Water St., Kent, OH 44240*

<b>STUDENT NAME:</b>		Email:
Cell:		Date of Birth:
T-Shirt Size (circle one): <i>Youth</i> XS (2-4) S (6-8) M (10-12) L (14-16) <i>Adult</i> S M L XL		
<b>PARENT/GUARDIAN NAME:</b>		Email:
Street Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell:
Emergency Contact:		Phone:
CLASS NAME:		DAY/TIME:
CLASS NAME:		DAY/TIME:
CLASS NAME:		DAY/TIME:

**Student (Age 18+) or Guardian Must Read & Initial Each Line Below**

- Tuition is due the 1st of each month whether classes are attended or not. Please note that tuition pricing remains the same despite holidays and seasonal breaks. ....
- There will be a \$15 charge for returned checks .....
- **Missed classes and tuition payments are not refundable.** Make-up classes are offered ONLY if the instructor cancels due to weather or illness .....
- Some classes may require specific footwear. Purchase of footwear is the student's responsibility.....
- Dance students are expected to come to class in proper dance attire, i.e. leotards, tights and/or athletic shorts and pants. Male students should wear a t-shirt and athletic shorts/pants. JEANS ARE NOT ACCEPTABLE.....
- Franklin School of Dance reserves the right to dismiss anyone (Student or Guardian) due to safety concerns, disruptive activity or inappropriate behavior .....
- Each student who is performing will need to purchase a costume. Costume purchases are not refundable. All costumes & accessories needed for the annual recital must be purchased through Franklin School of Dance, unless told otherwise by the instructor. Dance costumes for the annual recital are selected by the class instructor. ....

BY SIGNING BELOW, DANCER (AGE 18+) OR PARENT/GUARDIAN ASSUMES FULL FINANCIAL RESPONSIBILITY FOR ALL TUITION AND FEES, AND AGREES TO READ AND ABIDE BY ALL STUDIO & PAYMENT POLICIES.

Signature:	Date:
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Liability Disclaimer: I for myself and/or my minor child release and forever discharge and agree to hold harmless Franklin School of Dance and any of its sub-contractors for any liability, claims or demands for personal injuries, sickness, or death, as well as for expenses due to loss or damage to personal property or lost wages. Since dance is a physical activity, injuries may occur. Each student/guardian has the right to decline participation in any activity which they are not comfortable with or which they feel may be harmful. Each student/guardian is fully responsible for any injuries or harm occurring before, during or after a class at Franklin School of Dance. Student/guardian is also responsible for informing instructor(s) of any physical limitation which may prevent full participation in class. It is required that all students be covered by their family's insurance. If injury occurs, it is understood that the student's own policy is the only source of reimbursement. Additionally, Franklin School of Dance has permission to use photos/videos taken of the above signed student for advertising, sales of media from dance shows and for any promotional purpose. Adult/Guardian must sign below in agreement with all terms of liability disclaimer & studio policies.

Signature:	Date:
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# COVID-19 Declaration Form and Release

## COVID-19 Common Symptoms

- Fever
- Dry Cough
- Fatigue
- Temperature of 100 degrees Fahrenheit or higher

### Student (Age 18+) or Guardian Must Read & Initial Each Line Below

#### I agree to the following:

- I understand the aforementioned COVID-19 symptoms. ....
- I affirm that neither I, nor any member of my household, currently has or has experienced the aforementioned symptoms within the past 14 days. Furthermore, I will immediately inform Franklin School of Dance and discontinue classes if I, or any member of my household, develops any of the aforementioned symptoms. ....
- I affirm that neither I, nor any member of my household, has been diagnosed with COVID-19 within the past 30 days. Furthermore, I will immediately inform Franklin School of Dance and discontinue classes if I, or any member of my household, is diagnosed with COVID-19.....
- I affirm that neither I, nor any member of my household, has knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days. Furthermore, I will immediately inform Franklin School of Dance and discontinue classes if I, or any member of my household, is knowingly exposed to anyone diagnosed with COVID-19.....
- I affirm that neither I, nor any member of my household, has traveled outside of the country within the past 30 days. Furthermore, I will immediately inform Franklin School of Dance and discontinue classes once I, or any member of my household, returns from traveling outside of the country. ....
- I understand that the Franklin School of Dance cannot be held liable for any exposure to the COVID-19 virus caused by any misinformation on this form or the health history provided by each Student. ....

By signing below, I agree to each statement above and release Franklin School of Dance from any and all liability for the unintentional exposure or harm due to COVID-19.

Signature:

Date: