

Registration



In order to reserve the student's place in class, fees must be paid for the upcoming month. Payment is due by the first of each month. Classes are subject to change/cancellation depending on the class size. All invoicing is sent via email. For more information go to www.upstagedownton.com/tuition.

Students Name: _____ New Student? Returning Student?

Birthdate: _____ Age as of Sept 1st _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Signature : _____

If student is under 18, please complete below:

Parent/Guardian signature : _____

Mothers Name: _____ Phone: _____

Father's Name: _____ Phone: _____

PLEASE CHECK THE DAYS YOU WILL BE ATTENDING AND WRITE WHICH CLASSES YOU WILL BE TAKING

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Illness & Lice Policies: If your child did not attend school due to illness, please keep them out of dance class as well (even if they are feeling better in the evening). UDDT will continue to follow the recommended guidelines from the Mercer County Health Department and CDC concerning the H1N1 flu and/or other contagious viruses.

UDDT's lice policy is as follows: A dancer must not come to class until two successful shampoo treatments have been done. The dancer must be nit free as well. Due to the nature of our classes, rehearsals, and recitals, with dancers in very close contact with one another, the floors/stage, barres, dressing/holding rooms, gymnastics mats, etc. we ask that everyone please be considerate with regards to both illness and lice issues. You must keep in mind that there may be students that have underlying health conditions that make these situations a serious health threat.

Parent/Guardian Consent: As legal guardian of the above child, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, dance, and fitness. Being fully aware of these dangers I voluntarily consent to the aforementioned child participating in any and all of Upstage Downtown Dance Theatre programs and activities and accept all risks associated with that participation. Parents should make their child aware of the possibility of injury and encourage their child to follow all safety rules and the coaches'/teachers' instruction. I am also aware that the gym area is for participants only and that if I enter the gym, I am doing so at my own risk. The below signed hereby hold harmless Upstage Downtown Dance Theatre or any agents thereof, for any illness or injury due to participation in any class, rehearsals, performances, or other activity associated with Upstage Downtown Dance Theatres' School. I hereby certify that I agree to the UDDT Policies and Regulations. In addition, I give permission for photographs to be used in newspapers as well as UDDT website or television footage that may include my child for any media publication concerning UDDT. In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child, hereby assume all risks associated with the activities mentioned above and agree to hold UDDT, it's staff or representatives harmless from any and all liability, causes of action, debts, claims or demands of any nature whatsoever which may arise in connection with participation in gymnastics, tumbling, dance, open gym, birthday parties, or in the course of any exhibition, competition or clinic in which he/she may participate or while traveling to or from the event. In the event of an emergency, I hereby release UDDT staff or representatives to render temporary first aid to my child in the event of any injury or illness. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for UDDT. I have read and understand acknowledgement of risk and waiver of liability and I voluntarily affix my name in agreement.

Parent/Guardian signature: _____ Date: _____

So that we may be aware of any and all possible medical and/or behavioral complications that your child may experience, we require you to list them below, followed by your signature. Please include allergies or any information we should know about.

Permission to include your child's picture on UDDT website and Facebook page: YES NO

Parent/Guardian signature: _____ Date: _____