

2020 SUMMER APPLICATION FOR ENROLLMENT NORTH EAST DANCE ACADEMY

STUDENT NAME _____ AGE _____ BIRTHDATE ____/____/____

2nd STUDENT NAME _____ AGE _____ BIRTHDATE ____/____/____

MAILING ADDRESS _____ TOWN _____ ZIP _____

HOME/CELL PHONE _____ ANY MEDICAL CONDITIONS? ____ NO ____ YES

*E-MAIL ADDRESS _____

**Most information concerning most aspects of the studio can be found on our website, Facebook and Instagram. Pictures of enrolled and previous enrolled students of N.E.D.A may be used on this website/Facebook/Instagram

INSURANCE WAIVER AND RELEASE-The member understands and agrees that strict observation of the rules and regulations relative to Deana's Dance Studio Inc. d/b/a North East Dance Academy is required and that the use of facilities and the member's presence at the school are at the sole risk of the member. The member agrees that the school and its instructors, agents, employees, operators and authorized representatives, shall not be responsible for and are hereby released from any liability, claim, loss, including loss of property, damage, personal injury or expense incurred by a member or anyone claiming through a member or relative to any activity connected with the school including, but not limited to, any caused by the negligence or gross negligence of the school or its instructors, members, agents, employees, operators or authorized representatives.

Covid risk and liability for the Coronavirus pandemic: North East Dance Academy has put in place preventative measures to reduce the spread of Covid-19. However, NEDA cannot guarantee that you or your child(ren) will not become infected with Covid-19. By signing this agreement, I acknowledge the nature of Covid 19 and voluntarily assume the risk that my child(ren) and I may be exposed to Covid 19 by attending classes and that such exposure may result in personal injury, illness, permanent disability and death. I understand that the risk of becoming exposed to or infected by Covid 19 may result from the actions, omissions or negligence of myself and others, including but not limited to, NEDA owners, officers, employees, sub-contractors, volunteers, facility management & staff, 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. I hear release, covenant not to sue, discharge and hold harmless NEDA owners, officers, employees, sub-contractors, volunteers, facility management & staff, program participants and their families. I understand and agree that this release includes any claims based on any actions of all staff whether a Covid 19 infection occurs before, during or after participation in any NEDA program or class.

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| <p>BALLET INTENSIVE 3 FULL DAYS OF BALLET TO STRENGTHEN YOUR CORE AND WORK YOUR BALLET TUESDAY, WEDNESDAY, THURSDAY Aug 25th, Aug 26th, Aug 27th, 11+ under 12+ over \$125</p> | <p><u>Level 1 Summer Intensive</u> Week 1 aug 18,19,20 Week 2 ballet intensive Week 3 sept 1,2,3 3 weeks\$325--2 weeks \$225--1 week \$125</p> <hr style="width: 50%; margin: 10px auto;"/> <p><u>Level 2&3 Summer Intensive</u> Week 1 aug 18,19,20 Week 2 ballet Intensive Week 3 Sept 1,2,3 10% discount if doing 2 or more weeks (weeks 1&3 \$175 per week)</p> |
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Session Attending Circle above

Total Fees\$ _____

There are no refunds or makeups for any classes missed/or for any other reason. Fees can be paid by check, credit (visa, mastercard, discover), or cash. BY SIGNING THIS AGREEMENT THE PARENT OR GUARDIAN AGREES TO PAY N.E.D.A ALL TUITION FEES AND ABIDE BY ALL REGULATIONS, ACCORDING TO OUR POLICY STATED ABOVE.

PARENT/GUARDIAN SIGNATURE

DATE _____