



Fall 2021 REGISTRATION  
Monday, September 13<sup>th</sup>- January 29, 2022

### COVID GUIDELINES

**Since we are still unsure as to what the requirements for school in the fall will be regarding masks we are going to wait and see what the Chatham School District decides and then we will adhere to their guidelines at the studio. Temperature checks will occur prior to students entering the studio. Students and parents will not be permitted in the waiting areas, they will line up outside prior to class and for pick up. If need be we will take mask breaks during class where kids can remove their masks outdoors. All students will be required to bring their own yoga mat to sit on for stretching. THE COVID WAIVER MUST BE SIGNED IN ORDER TO PARTICIPATE IN CLASS.**

\_\_\_ New Student \_\_\_ Returning Student

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PARENT(S)/GUARDIAN(S)

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

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

### PERSONS AUTHORIZED TO PICK UP CHILD

1. Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell phone number \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell phone number: \_\_\_\_\_

How did you hear about our studio so that we can thank the referring party?

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Previous Dance Training - please list prior dance experience (i.e. number of years, technique studied, etc.)

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**Costs for Fall 2021 session**

- ½ hr class \$200/session
- 45 minute class \$300/session
- 1 hr. class \$400/session
- 1hr 15 min class \$500/session
- 1 1/2hr class \$600/session

**Discounts:**

- Sibling discount 5% on combined tuition**
- 3 or more hours per week per student 10%.**

**Discounts can not be combined**

**Payment plans available upon request**

I would like to enroll my child in the following class(es):

Class : \_\_\_\_\_ Day/Time \_\_\_\_\_ Cost: \_\_\_\_\_

Class : \_\_\_\_\_ Day/Time \_\_\_\_\_ Cost: \_\_\_\_\_

Class : \_\_\_\_\_ Day/Time \_\_\_\_\_ Cost: \_\_\_\_\_

Class : \_\_\_\_\_ Day/Time \_\_\_\_\_ Cost: \_\_\_\_\_

Discounts Applied: \$ \_\_\_\_\_ Total Due for Classes: \_\_\_\_\_

Grand Total (classes, costumes, recital fees): \$ \_\_\_\_\_

\_\_\_\_\_ I give Inner Grace Dance permission to use photographs and/or video footage of my child taken in class on the Inner Grace Website and/or in Inner Grace Dance marketing materials.

Tuition is to be paid in full at time of registration unless a payment plan is agreed upon in advance. Please contact Connie to set up a plan.

I understand that all fees paid are non-refundable after a two week trial.  
\_\_\_\_\_ (initial here)

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

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

Additional Information/Comments: \_\_\_\_\_

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#### EMERGENCY INFORMATION

Physician: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

#### **DRESS CODE**

**All students are required to wear shoes and dance attire during their class. Leotards and tights are required for all ballet classes. Leggings, booty shorts, leos or tank tops are required for all other classes. GYM SHORTS ARE NOT DANCE ATTIRE. We will have all shoes and dance attire in stock for purchase! If we do not have your size we will order it and have it to you within a week!**

Mail Registration to: Inner Grace Dance 42 Red Road Chatham NJ 07928

Phone: 201.274.6660 Email questions to: [innergracedance@gmail.com](mailto:innergracedance@gmail.com)

\*All students must have signed liability waiver prior to starting first class

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM INNER GRACE  
DANCE PLEASE PRINT—You must fill out form completely or processing will  
be delayed. DATE: \_\_\_\_\_, 20\_\_\_\_

Participant's Full Name (1)

\_\_\_\_\_ Age \_\_\_\_\_

Participant's Full Name (2)

\_\_\_\_\_ Age \_\_\_\_\_

Participant's Full Name (3)

\_\_\_\_\_ Age \_\_\_\_\_

Parent's Full Name

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home

Phone \_\_\_\_\_

Emergency Name/Phone

\_\_\_\_\_

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS  
ACTIVITY OR EVENT, including by way of example and not limitation, any  
risks that may arise from negligence or carelessness on the part of the persons or  
entities being released, from dangerous or defective equipment or property owned,  
maintained, or controlled by them, or because of their possible liability without  
fault.

I certify that I am physically fit, have sufficiently prepared or trained for  
participation in the activity or event, and have not been advised to not participate  
by a qualified medical professional. I certify that there are no health-related  
reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

I HEREBY WAIVE, RELEASE, AND DISCHARGE INNER GRACE DANCE and all divisions thereof of any and all liability and responsibility for injuries, sickness, pandemics, accidents, natural disasters and/or acts of God incurred during participation in and/or instruction of camps, intensives, private instruction, choreography or any activity I may participate.

I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: INNER GRACE DANCE and/or their directors, officers, managers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this waiver, release and registration form from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name (1)

\_\_\_\_\_

Participant's Signature (if under 18 yrs old, Parent or guardian must also sign below) \_\_\_\_\_

Print Participant's Name (2)

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Participant's Signature (if under 18 yrs old, Parent or guardian must also sign below) \_\_\_\_\_

Print Participant's Name (3)

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Participant's Signature (if under 18 yrs old, Parent or guardian must also sign below) \_\_\_\_\_

PARENT / GUARDIAN WAIVER FOR MINORS (Only if student is under 18 years old) The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Signature of Parent or Guardian \_\_\_\_\_

### **Covid-19 HOLD HARMLESS**

The Student and/or Parent/Legal Guardian below acknowledges that the novel Coronavirus ("COVID-19") represents a serious health condition for persons exposed to it and that all students and parents/guardians for students currently enrolled at Inner Grace Dance are relying on the truthfulness and accuracy of the certifications made herein:

(1) Each Student and immediate family of each student represents to the best of their knowledge, information and belief, that neither they nor any member of their household whom they live:

a. Has been diagnosed (tested positive) for COVID-19 or has a test pending for COVID-19, b. Shows signs of suspected COVID-19 (fever, cough, shortness of breath, etc.),

c. Has traveled to one of the nationally recognized “hot zone” in the previous 14 days; d. Has traveled to any of the states that have travel banned by the Governor

d. Is under quarantine directed by a healthcare provider due to COVID-19 concerns. Has travelled within the past 14 days to anywhere designated as having widespread ongoing transmission of COVID-19, defined by the CDC as a Level 3 Health Notice Country (defined as of March 22, 2020 to be Australia, Brazil, Canada, China, Europe, Iran, Ireland, Israel, Japan, Malaysia, South Korea, and the United Kingdom); and,

For a current list of Level 3 Health Notice countries, please visit:

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>

f. Has had contact with anyone diagnosed with COVID-19.

(2) The undersigned acknowledges that there is presently no home test kit to detect COVID-19 and that the virus cannot be observed by a visual inspection.

(3) The undersigned acknowledges that there is no guarantee or warranty that the other Students or Staff are free from COVID-19 and that they each voluntarily assume the risk of attending classes at the Studios or other location procured by the Director for the use of Inner Grace Dance.

(4) Inner Grace Dance and the undersigned each agree that if any representation made in this Hold Harmless should become untrue they will inform the other parties of the change.

In acceptance of the above statements, Student and Legal Guardian/Parent agree to hold harmless Inner Grace Dance Director and Staff from any and all liability, arising out of or related to the COVID-19 virus.

\_\_\_\_\_  
**Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Legal Guardian**  
\_\_\_\_\_  
**Date** \_\_\_\_\_

**Connie Jesse, Director, Inner Grace Dance**  
\_\_\_\_\_



