

Contact Information

Student Name:		Date of Birth:				
Parent Guardian #1:						
Phone Number:	Email:					
Address:						
Billing Address (If different than home address):						
Parent Guardian #2 (or emergency contact):						
Phone Number:	Email:					
Address(if different):						

Please list any medical conditions that we should know about (i.e. ADD, Scoliosis, Asthma, etc.)

YANARELLA SCHOOL OF DANCE

312 Main Street Beacon, NY 12508 | (845)-831-0759 | Yanarelladance.com

Please initial next to each:

_____ I fully understand and acknowledge that: (a) there are risks and dangers associated in movement events and activities which could result in bodily injury (b) These risks and dangers may be caused by the action, inaction or the negligence of the participant or the action, inaction or the negligence of others, including but not limited to the release named below. I release, waive, discharge and covenant not to sue to Yanarella School of Dance, LLC or any parties in association with Yanarella School of Dance, LLC, including owners and instructors used to conduct the Yanarella Program.

_____ I understand that tuition is due by the 5th of each month and is NON REFUNDABLE. A \$10 late fee will be applied to any payments received after the 9th of each month. I understand my child may be refused admittance into class if tuition has not been received. NO REFUNDS OR CREDITS ARE GIVEN FOR MISSED CLASSES.

_____ Yanarella School of Dance, LLC is not responsible for lost, misplaced, damaged or stolen items. All items brought to Yanarella School of Dance, LLC or related dance events should be labeled and kept in your child's dance bag/cubby.

_____ I have read and agree to follow the policy of Yanarella School of Dance, LLC. I acknowledge that Yanarella School of Dance, LLC maintains a dress code for its classes. I understand it is my responsibility to provide the required items for class(es).

In the event that neither the parent/guardian or emergency contact can not be reached, I hereby authorize Yanarella School of Dance, LLC and its staff to take any steps deemed necessary to take medical attention available, including physicians, hospitals or any other medical services and shall bear all costs of such services exclusively myself.

_____ Yanarella reserves the right to alter class schedule, rehearsals and performances for any reason either temporarily or permanently without fault.

_____ I authorize Yanarella School of Dance, LLC to use my child's photos in promotional print material, website, social media and display boards for Yanarella.

_____ I understand that if an increase of COVID-19 rises, Yanarella reserves the right to move the studio and it's schedule to all virtual classes until we can safely return to in person classes. No refunds will be given for switching to the zoom platform. Tuition rates will remain the same.

I ______ have read the above and agree to follow the rules and policies set forth by Yanarella School of Dance, LLC.

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COVID-19 Waiver – Required Form

<u>Masks are required for all dancers, teachers and anyone entering the studio</u> whether it be to drop off or pick up students.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. We are doing everything we can to be compliant with all regulations and ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19.

By participating in programs, dance classes and activities of Yanarella School of Dance LLC, you agree to the following:

On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless **Yanarella School of Dance LLC**, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, dance classes or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this studio, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any programs, dance classes or activities as it relates to Yanarella School of Dance LLC for the dance year <u>2021</u>.

Parent Signature:

Printed Name:	

Date:_____

Names of Minor Family Members/ students (if any):

Yanarella School of Dance

Credit Card on File Agreement

Yanarella School of Dance will securely maintain my credit card information, and in the event that my bill is not paid in full and on time, has the authority to charge my credit card on file.

I authorize Yanarella School of Dance to charge any monthly outstanding balance on my account, to the following credit card:

VISA	MASTERCARD	AMEX	DISCOVER	
Name on card:				
	ber:			
Expiration date:				
Security Code:				
Cardholder Signa	ature:			
Today's Date:				