

PAULA SCRIVA DANCE STUDIO INC.
3568 Brodhead Road • Monaca, Pa 15061
psdsincpj@gmail.com • 724.774.9974

Time & Date: _____
Contract Deposit: _____
Monthly tuition: _____
Please Initial: _____

2020 Registration Contract and Hold Harmless Agreement Date: _____

Please print clearly the following information

Student's Full Name: _____ Age: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Info: Name: _____ Home Phone: _____ Cell: _____

Father's Info: Name: _____ Home Phone: _____ Cell: _____

Preferred email address: _____ @ _____ PRINT CLEARLY

*** Email is the PRIMARY means of communication***

New Student: _____ or Dance Experience: _____ Referred by: _____

PLEASE READ CAREFULLY:

Upon receipt of this application and fee, you take responsibility for studio requirements that are as follows.

- a.) You are committed financially for tuition monthly payments indicated in the box above from the start date of class September 8th 2020 until the recital in June 2021. If a student withdraws from dance class payment in full for all classes will be required by Parents/Guardian during the 2020-2021 dance season.
- b.) A minimum ad of **\$75.00** is required for recital program (child's picture taken during picture week)
- c.) A minimum of 10 tickets @ **\$15.00 per ticket** for the recital per family.
- d.) A non-refundable registration fee of **\$100.00** for the first child, each additional sibling **\$60.00**, a portion of this payment will cover first costume deposit and recital package.
- e.) All Costume deposits are due October 1st 2020
- f.) All checks payable to **PSDS INC.**
- g.) Tuition is due 1st of the month after the 10th a \$20.00 late fee will be imposed no exceptions.

FALL CLASSES BEGIN ON TUESDAY, SEPTEMBER 8, 2020

Understanding, that it is the purpose of the Paula Scriva Dance Studio to provide supervised instructions for boys and girls. I, the parent or legal guardian of the above name, do hereby give my approval to his or her participation in all the activities during the current season. I do recognize and assume all the risks and hazards and hold harmless Paula Scriva Dance Studio, the organizers, sponsors, and the supervisors, any or all of them, in case of injury of the above-named candidate. I hereby waive all claims against the organizers, the sponsors, or any of the supervisors or instructors appointed by them in their efforts to attain proper medical attention.

I have read the above and understand and agree.

Early Registration is recommended to reserve class placement. Schedule is subject to change. All private lessons must be registered by June 30th 2020 or your previous lesson will be forfeited and replaced. Private lessons are also under the same commitment indicated in (a) of this contract.

Signature of Parent or Guardian

Date

Please circle classes you would like to attend:				
Ballet	Tap	Jazz	Acrobat	
Private	Duet	Trio	Technique	Tot class

Paula Scriva Dance Studio Authorization

Please Read Carefully

My signature below indicates that I have read, understand and will abide by all policies and regulations that are set forth by Paula Scriva Dance Studio and its owner and any additional rules or requirements as set forth throughout the year, including the following:

1. Tuition is due by the 5th of each month. A \$20 late fee will be added to tuition if not paid by the 20th of the month. There is a \$25 return check charge for checks returned by the bank.
2. Tuition may be paid with Mastercard or Visa. A 3% surcharge will be added to any payment. Yearly tuition is not eligible.

I've read the above and agree.

Photo Release

I hereby give my permission to Paula Scriva Dance Studio to use photographs and/or videos of the dancer listed above as deemed appropriate for promotion of said dance studio.

I've read the above and agree.

Medical Release

The undersigned gives permission to Paula Scriva Dance Studio, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.

I've read the above and agree.

Payment Information

A credit card must be on file for payment assurance purposes. If monthly tuition has not been paid by the 20th of each month, the card on file will be charged along with the 3% surcharge and the \$20 late fee.

I've read the above and agree.

I've read the above and understand and agree.

Signature of Parent/Guardian

Date: _____

Assumption of the Risk and Waiver of Liability
Relating to Corona Virus/ COVID-19

The novel Coronavirus, COVID- 19, has been declared a worldwide pandemic by the World Health Organization (WHO). COVID- 19 is contagious, and is believed to be spread mainly by person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing.

The Paula Scriva Dance Studio (PSDS) has put in place preventative measures to reduce the spread of COVID-19; however, PSDS cannot guarantee that you or your child(ren) will not become infected with COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending classes and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at PSDS may result from the actions, omissions, or negligence of myself and others, including, but not limited to, PSDS employees, volunteers, and class 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 (including but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at PSDS or participation in studio activities. On my behalf, and on the behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless to PSDS, its employees, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of PSDS, its employees, or students, whether a COVID-19 infection occurs before, during, or after participation in any studio program.

*Please print your child(ren)'s name at the bottom of the page under your printed name. Thank you.

Signature of Parent/Guardian

Date

Print name of Parent/Guardian

Date