

BSD Fall 2020 Registration Form

Returning students - this form must be returned to Pam by August 1, 2020 to insure spot in desired class.
 This form must be completed and sent/given to Pam for all students attending BSD even if registration is done ONLINE!
 Mail to 1114 Old Louisa Road, Gordonsville, VA 22942

Today's Date:	Parents/Guardians:	Cell Phone Provider	
Employer's Address:	City, State Zip	Work Phone: ()	
Home Address:	City, State Zip	Home Phone: ()	
Email Address:		Cell Phone: ()	
Dancer's Name:	Current Age:	Date of Birth:	Grade in School for 2020-21:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Emergency Medical Information (Please list below all allergies, medical conditions, who to call, phone numbers, etc.)			

Dancer's First Name	Class Name	Class Day, Time & Location	Rotation or Virtual only?	Payment Information
				Total # of classes selected: _____
				[] Pay in full (by 8/24/20) _____
				[] Two payments:
				8/24/20 \$_____ 9/15/20 \$_____
				Registration Fee \$20 per family
				Total Payment Enclosed \$ _____
				[] CASH
				[] Check # _____
				[] Will pay online with credit card
				I understand there will be a \$5 late fee charged monthly for late payments.

I understand I must send this completed form
 either by email to brushwoodsdance@gmail.com or by mail to
 1114 Old Louisa Road, Gordonsville, VA 22942. I also understand I must also send in
 the signed form "Acknowledgement of Payment Responsibility, Risk/Liability
 Release, Covid-19 Policy and Liability Release/Waiver and Consent to Audio/Video
 Recording at Gordonsville Site, Orme Family Fitness and Recital."

**Acknowledgement of Payment Responsibility,
*Risk of Activity, Covid-19 Policy, Liability Release/Waiver, and Consent to Audio/Video
Recording at Gordonsville Site, Orme Family Fitness and Recital**

**I AGREE THAT I AM RESPONSIBLE FOR THE ENTIRE SEMESTER TUITION PAYMENT
REGARDLESS OF THE NUMBER OF CLASSES ATTENDED.**

Activity Risk:

I understand the nature and scope of the dance classes for which I have registered my child/myself _____, at *Brushwood's School of Dance* held at the Gordonsville studio and *Orme Family Fitness*. I understand there are risks and dangers associated with this activity. I understand that it is not the function of the dance program, the fitness program, *Brushwood's School of Dance*, *Orme Family Fitness*, their employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise the due care in the performance of the activity for the safety of him/herself and the other participants.

BSD COVID-19 Policy:

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Brushwood's School of Dance, LLC and Orme Family Fitness have put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Brushwood's School of Dance LLC and Orme Family Fitness cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, and other dance students and their families.

I voluntarily seek services provided by Brushwood's School of Dance LLC at both locations (Gordonsville and Orme in Palmyra) and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that each time I/my child enters the studio:

* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I have not traveled internationally within the last 14 days.

* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I understand the COVID mask policy is as follows: My dancer/myself will be encouraged but NOT required to wear a mask while dancing. If I elect to have myself/my dancer use a mask, I understand there are risks involved as per the additional information on the website

I hereby release and agree to hold Brushwood's School of Dance LLC and Orme Family Fitness harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the school, or that may otherwise arise in any way in connection with any services received from Brushwood's School of Dance LLC and Orme Family Fitness. I understand that this release discharges Brushwood's School of Dance LLC and Orme Family Fitness from any liability or claim that I, my heirs, or any personal representatives may have against the school with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Brushwood's School of Dance LLC and Orme Family Fitness. This liability waiver and release extends to the studio together with all owners, partners, and employees.

I give my consent and approval for the above-named student's picture to be printed in any brochure, web site, or news article. *I also am aware that there is a video/audio camera system in place at the Gordonsville location, that BSD's annual recital "That's Entertainment" at Fluvanna County High School will be video recorded, and understand that I, my child and anyone with me will be recorded and I give my consent and approval to this.*

I HAVE READ AND UNDERSTAND THE ABOVE RISK/LIABILITY RELEASE, AND CONSENT AND APPROVAL FOR VIDEO/AUDIO RECORDING OF MYSELF, MY CHILD OR ANYONE WITH ME AT THE GORDONSVILLE STUDIO LOCATION AND RECITAL.

No Posting Policy: I understand that I cannot post any videos of BSD choreography on any social networks (YouTube, Facebook, Twitter, Vine, Instagram, blogs, etc.) without written permission from the choreographer and BSD, and both the choreographer & BSD have the right to deny this request.

I agree that I am responsible for the entire semester tuition payment regardless of the number of classes attended.

Furthermore, I understand that no refunds will be given for any reason once the semester has begun. I understand that if I am on a payment plan and I fail to pay my account by the due date, 30% of my account total may be added to my account for bill collection fees. I also understand that if my balance is not paid within 10 days after receiving a 10-day notice my child /I will not be allowed back to his/her/my class. I understand that if my participant misbehaves or disrupts class in any way, he/she will be asked to sit down to wait for their parent(s). And I understand I may be contacted regarding behavior issues, and if misbehavior continues the participant(s) will be dismissed from classes **with no refund for remaining classes.**

If at *Orme Family Fitness* I also understand I am signing this "Risk/Liability Release" form for two separate programs working in conjunction with each other to provide quality programs for the community.

Parent Printed Name: _____

Parent Signature: _____ Date: _____