

BSD Winter/Spring 2021 Registration Form

Returning students - this form must be returned to Pam **by December 15, 2020, to ensure your place in class choices!** This form must be completed and sent or given to Pam for all students attending BSD even if registration is done ONLINE!

Today's Date:	Parents/Guardians:	Cell Phone Provider:	
Employer's Address:	City, State Zip	Work Phone: ()	
Home Address: (if this is a change circle here)	City, State Zip	Home Phone: ()	
Email Address:		Cell Phone: ()	
Dancer's Name:	Current Age:	Date of Birth:	Grade in School for 2019-20:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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	Recital? Yes or No	Payment Information
				Total # of classes selected: _____
				[] Pay in full (by 1/8/2021) _____
				[] 2 payments (1/8/21 & 2/1/21)* _____
				*You will be notified if there is a fee for a costume.
				Registration Fee (new students only) \$ _____
				Total Payment Enclosed \$ _____
				[] CASH or [] Check # _____
				*ALL TUITION FEES DUE NLT 2/1/2021

2021 Recital Form

[] **No**, my child is not/I am not participating in the recital. I understand that I am paying tuition for 12 weeks and once recital rehearsals begin on **Monday, Mar 30, 2021**, I no longer need to be at class unless it is snow make-up day.

[] **Yes**, my child is/I am participating in the recital and I understand the following responsibilities of the recital:

1. If a costume is required I know I will be responsible for the fee for that costume. If one is ordered for your dance, you will be notified as to the cost and it will need to be paid for in full no later than January 11, 2021.
2. In addition to the 12 week semester tuition, a rehearsal fee of \$50 for each student (for recital rehearsals following the 12 week semester) is due by March 28, 2021.
3. All recital studio rehearsals should be attended whether in-studio or virtual. "Virtual only" students will have to attend at least two in-studio rehearsals to be able to participate in their dance.
4. No refunds will be given for any reason after January 11, 2021. And once classes have begun you are responsible for all fees regardless if you continue or not.

_____ Date: _____

Parent's signature (student's signature if over 18 years of age)

***You must sign the rest of this form including the "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" as well.**

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 below "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" as well.

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 of 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:

* I am not experiencing any symptoms 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 strongly 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 Signature: _____ Date: _____