



2021 Summer Registration

Check here only if Section A information is the same as what we already have on file.

SECTION A:

Student's Name: _____ Age: _____ Birth date: _____

Student's Name: _____ Age: _____ Birth date: _____

Mother's Name: _____ Father's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Email Address: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

In case of emergency, person to contact and phone number: _____

Please state any physical limitations or disabilities that would be affected by dance exercise: _____

How did you hear about MVP Dance Elite? _____

SECTION B:

CLASS CHOICES:

Name of class: _____ Day: _____ Time: _____

Name of class: _____ Day: _____ Time: _____

Name of class: _____ Day: _____ Time: _____

Name of class: _____ Day: _____ Time: _____

Name of class: _____ Day: _____ Time: _____

Name of class: _____ Day: _____ Time: _____

Name of class: _____ Day: _____ Time: _____

Class Total \$ _____

Registration Fee \$ _____

Grand Total \$ _____



STUDENT RELEASE: Please read carefully and sign

STUDENT NAME: _____

- I understand that tuition is based on a four week average month, with the exception of summer sessions which have their own fee structure. There will be some months when a student may receive five lessons for a weekly scheduled class, and some months when, due to holiday closures, a student may receive less than 4 lessons in a month. Regardless of the amount of weekly scheduled lessons, tuition is based on a four week month. Please see the studio calendar for a schedule of holiday closures. We offer make-up classes for students who miss class due to illness or vacation. Make-up classes must be scheduled through the office, and are limited to available space. There are **NO REFUNDS FOR MISSED CLASSES**.
- I understand that I will be providing debit/credit card information to MVP Dance Elite, so that my monthly tuition can automatically be deducted from my account on the 1st of the month. **If for some reason tuition is not paid by the 5th of the month, there will be an automatic \$10.00 late fee added to my account. I also understand to stop the monthly automatic deduction; I must provide the office with a written notice 15 days in advance.** Additional costs, such as recital costumes, will not be included in my automatic bill pay unless I provide approval for the transaction.
- I understand monthly tuition is due every month unless a written withdrawal notice is received. **15 days notice is required prior to dropping any class. All fees are non-refundable.**
- I agree to pay a returned check fee of \$25 for any NSF check returned by the bank.
- I understand that during the Summer Session a month can be pro-rated if a student will be missing a week or more. The Parent/Guardian will need to notify our front desk in writing at time of registration to have this option available. No exceptions.
- I understand that as a participant in and/or a spectator at MVP Dance Elite, I may be included in videotapes or photographs taken during any event and at the studio. I agree to be photographed and/or videotaped and that my name, face, likeness, voice, and appearance may be used in advertising and promoting MVP Dance Elite.
- I acknowledge and agree that dance training and performance are strenuous physical activities that involve risk of property damage, bodily and personal injury, illness, paralysis and death, and assume full risk and responsibility for the same. In consideration of permitting Student to participate in dance training and performance and any activity ancillary thereto, I hereby **VOLUNTARILY AND ABSOLUTELY RELEASE, DISCHARGE, WAVE AND RELINQUISH** any and all claims, causes of action, losses, costs, expenses, damages and/or torts, whether in law or equity (collectively "Claims"), which I and/or Student may have against MVP DANCE ELITE INC. and/or its officers, directors, agents, servants or employees (collectively, "MVP") in any way arising out of or relating to such dance training or performance provided by or in conjunction with MVP or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue. I further agree to fully indemnify and hold MVP harmless for any Claims. The foregoing **RELEASE AND WAIVER** is intended to be as broad and inclusive as the as permitted by the laws of the State of Oregon; if any portion of this document is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Parent/Guardian
Signature:** _____

(Parent or Legal Guardian must sign for all persons under 21 years of age.)

Date: _____



COVID-19 Liability Release Waiver

Signature Required Prior to Participating in class with MVP Dance Elite

Due to the outbreak of the Coronavirus (COVID-19), MVP Dance Elite is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfection procedures in accordance with the Oregon Department of Professional and Occupational Regulation guidance.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty breathing

Dancer's Name

agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above WITHIN THE LAST 14 DAYS.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.
- I affirm that I, as well as all household members, have not traveled outside of the country, or to any city considered to be a "hot spot" for COVID-19 infections WITHIN THE PAST 30 DAYS.
- I understand that MVP Dance Elite cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

* I represent and warrant that I am in good physical health and do not suffer from any medical condition(s) that would limit my participation in the classes, workshops and events offered by MVP Dance Elite, either onsite, virtually or at an offsite location. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the dance classes, workshops or events offered by MVP Dance Elite. I understand the risks associated with being in a public space and participating in the activities offered by MVP Dance Elite. I acknowledge that participation in dance classes or any other fitness exercise classes exposes me to possible risks of personal injury. I am fully aware of these risks and hereby release MVP Dance Elite, and/or any other persons who may teach at MVP Dance Elite from any and all liability, negligence, or other claims arising from, or in any way connected with my participation in their dance classes and any other events and workshops offered by them. I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above. I agree that MVP Dance Elite is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that classes at MVP Dance Elite may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death. I understand that MVP Dance Elite is a public facility in which airborne viruses may be present. I agree that I will not hold MVP Dance Elite liable for any illness which may be contracted by visiting a public facility and being in proximity with others, and for any allergic reactions to airborne remnants of cleaner within the studio. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against MVP Dance Elite or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

By signing below, I agree to each statement above and release MVP Dance Elite from any and all liability for the unintentional exposure or harm due to COVID-19

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____