

Metamorphosis

Instruction and Technique

STUDENT INFORMATION:

Student's Name: _____ Birth Date: _____ Age: _____
School: _____ Grade: _____
Home Address: _____ City: _____
Zip Code: _____ Home Phone Number: _____

PARENT(S)/GUARDIAN(S) RESIDING WITH CHILD:

1. Name: _____ Relationship to Child: _____
Cell Phone: (_____) _____ Work Phone: (_____) _____
E-Mail: _____ Place of Employment: _____
2. Name: _____ Relationship to Child: _____
Cell Phone: (_____) _____ Work Phone: (_____) _____
E-Mail: _____ Place of Employment: _____

ALL PERSONS AUTHORIZED TO PICK UP CHILD:

1. Name: _____ Relationship to Child: _____ Phone: _____
2. Name: _____ Relationship to Child: _____ Phone: _____
3. Name: _____ Relationship to Child: _____ Phone: _____

CLASS PARTICIPATION

Class Name Day Time

1. _____
2. _____
3. _____
4. _____

Previous Dance Training

Please list prior dance experience (i.e. number of years, technique studied, teachers, etc.):

PAYMENT INFORMATION:

CHECK: Checks can be mailed, given to the studio director/instructor, or dropped in the tuition box at the reception desk. If the name on the check does not match the dancer's name, please make note on the memo line. A \$35 fee will be charged for all returned checks (NSF).

CASH: When paying by cash, please use exact change. The studio office does not keep much petty cash in the office. Please do NOT mail or drop cash payments in the tuition box.

Registration Fees: \$25

Registration Fee: \$ _____ Monthly Tuition: \$ _____

I understand that one make-up class is permitted for each class my child misses. Make-up classes must be taken within 30 days of the missed class(es). I also understand that all fees paid are nonrefundable and nontransferable. T

PERSON RESPONSIBLE FOR PAYMENT:

PRINT NAME: _____ SIGNATURE: _____

DATE: _____ RELATIONSHIP TO STUDENT: _____

WITNESS (Must be at least 18 years of age): _____

PHOTO AND VIDEO CONSENT:

I authorize Metamorphosis Instruction and Technique to take/use photos and video of myself/my child for educational or promotional purposes in any type of media, including its website.

By signing below, I acknowledge and accept the above statement.

PRINT NAME: _____ SIGNATURE: _____

DATE: _____

REQUEST FOR EMAIL CONSENT:

Metamorphosis Instruction and Technique would like to ensure that we have your consent to receive electronic newsletters, and updates on school information.

Yes, I consent to receiving the above communications to my email address which I have provided below, and understand that I can withdraw this consent at any time

Email address:

No, I do not consent to receiving the above communications to my email address

PRINT NAME: _____ SIGNATURE: _____

DATE: _____

RELEASE AND AUTHORIZATION:

Name of Student: _____

Indicated in the space below are any health problems or conditions of which the studio should be aware (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, chemical or neurological condition, special medication, knee/kidney/shoulder problems, etc.). I understand that risk of injury is inherent in any physical activity and I, on behalf of myself and my child, knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators, and executors, hereby waive and release Metamorphosis Instruction and Technique from all claims or damages of any kind arising out of my child's participation in the exercise and/or dance program of Metamorphosis Instruction and Technique. I further certify that the aforementioned student is in proper physical condition to participate in the exercise/dance program and that he/she has been examined by a licensed physician and found to be in proper physical condition to participate in said program. I, the undersigned, do hereby authorize Metamorphosis Instruction and Technique or her designated agents (being teachers or administrators employed by Metamorphosis Instruction and Technique to obtain medical treatment for my said child in emergency situations where I cannot be reached in time to authorize the treating physician to provide such emergency medical services. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make Metamorphosis Instruction and Technique responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a power of attorney and shall remain in effect for one year from the date signed below. I also accept responsibility to pay fees on time and undertake to pay costume fees for each costume (the cost of which will be determined upon completion of said costumes). By signing below, I acknowledge and accept the above statement and acknowledge I have read through the studio policy packet.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

WITNESS (Must be at least 18 years of age): _____

EMERGENCY INFORMATION:

Physician: _____ Hospital Preference: _____

Insurance Company Policy No.: _____

Allergies (food, medicine, etc.): _____

Additional Information/Comments (i.e. blood transfusions, etc.): _____

NOTICE, WAIVER, AND ASSUMPTION OF RISK

Dance participant and family member are hereby notified and agrees that:

1. While the State of Michigan has eased or eliminated various COVID-19 based restrictions on businesses, the conduct and performance of the services being provided by THE MIT DANCE STUDIO are subject to those rules in place at the time of the dance practice and performances.
2. Based upon the scope of the social distancing restrictions in place at the time of the dance practice and performances, certain aspects of the teacher/student interaction may be altered by necessity.
3. All members agree to abide by the social distancing measures in force at the time of their practice or performance. Members agree and understand that failure to adhere to such social distancing measures places them at increased risk of COVID-19 exposure or transmission.
4. Members assume all risks associated with potential COVID-19 transmission or exposure in relation to the practice being provided and accept sole responsibility for an illness, injury, damages, claims or expense arising therefrom regardless of the identity of the person alleged to be at fault for such transmission or exposure.
5. As consideration for this waiver, THE MIT DANCE STUDIO agrees to waive any liability or claim against members of the studio for COVID-19 transmission or exposure.
6. Notwithstanding the foregoing, the Waivers contained in Sections 4 and 5 of this Notice and Waiver shall not be interpreted to prohibit actions or claims against persons who knowingly participate in the practices and performances while exhibiting COVID-19 symptoms or who knowingly participate while having an active COVID-19 infection.

Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (dancers at THE MIT) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Student: _____

Parent: _____

Owner: _____