



# SummerDance 2023 Registration Form

Current Student \_\_\_ New Student \_\_\_ If new, how did you hear about us? \_\_\_\_\_

Student Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Prefer not to answer \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Grade as of 9/2023 \_\_\_ School \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Primary Email \_\_\_\_\_ Secondary Email \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone# \_\_\_\_\_ Email: \_\_\_\_\_

- **Story Book Camp White Plains**, 5 one-week sessions (\$300p/week): \$ \_\_\_\_\_  
 June 26-30 \_\_\_\_\_ July 10-14 \_\_\_\_\_ July 24-28 \_\_\_\_\_ August 7-11 \_\_\_\_\_ August 14-18 \_\_\_\_\_
- **Story Book Camp Chappaqua**, 1 four-day session (\$250/week): June 20-23 \_\_\_\_\_ \$ \_\_\_\_\_
- **Dance Camp**, (\$545p/week): July 10-14 \_\_\_\_\_ July 17-21: \_\_\_\_\_ \$ \_\_\_\_\_
- **Dance Intensive**, (\$545p/week): July 10-14 \_\_\_\_\_ July 17-21: \_\_\_\_\_ \$ \_\_\_\_\_
- **Musical Theater Kids**, (\$545p/week): July 24-28 \_\_\_\_\_ July 31 -Aug 4 \_\_\_\_\_ \$ \_\_\_\_\_
- **Musical Theater Intensive**, (\$545p/week): July 24-28 \_\_\_\_\_ July 31-Aug 4 \_\_\_\_\_ \$ \_\_\_\_\_
- **Adult Adaptive Workshop**, (\$400) June 26 – 29 \_\_\_\_\_ \$ \_\_\_\_\_
- **MWH 6 Week Session**, Kids (\$135) \_\_\_\_\_ Youth/Adult (\$150) \_\_\_\_\_ \$ \_\_\_\_\_

SUBTOTAL: \$ \_\_\_\_\_

DISCOUNT: \$ \_\_\_\_\_

CHARITABLE CONTRIBUTION: \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

**Early Bird Special: 10% discount on all camps when tuition is paid in FULL by April 30, 2023.**

- I will pay the Total Due now.
- I will pay \$ \_\_\_\_\_ at registration (must be at least 50%) and the balance paid in full 2 weeks before the first day of camp.

**We accept cash, check or credit card for tuition. Please make checks payable to: STEFFI NOSSEN DANCE**

Payment by (circle one): cash / check or \_\_\_\_\_ charge my credit card as directed above.  
 Type: **MC** or **VISA**

\_\_\_\_\_ Card#

\_\_\_\_\_ expiration date

\_\_\_\_\_ 3-digit CVC

\_\_\_\_\_ Name on card

\_\_\_\_\_ Signature

**ADDITIONAL INFORMATION REQUIRED ON REVERSE SIDE**

**Please share some additional information so that we may provide your child with the best possible dance experience.**

Does your dancer have any medical conditions (e.g. allergies, medications, physical issues)?

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Does your dancer have any particular emotional/behavioral issues and/or special learning needs? (We would like to best address your child’s needs and enhance his/her dance experience. All information will be kept confidential).

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Please list your dancer’s prior dance experience:

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**RELEASE AND CONSENT FORM**

I/we understand that participation in dance classes and activities, whether in-person or online, could involve risk of personal injury, bodily harm or property damage. Despite precautions, accidents and injuries may occur. By signing this Release and Consent Form (Release), I/we (the participant and parent/guardian) assume all risks related to the use of any and all spaces used, or instruction provided, by the Steffi Nossen Dance Foundation, Inc., including the Steffi Nossen School of Dance (Steffi Nossen). I/we agree to release and hold harmless Steffi Nossen, including its teachers, dancers, staff members, employees, directors, insurers, and facilities, from any and all claims, causes of action, losses, or demands now and in the future. I/we agree that we will not hold Steffi Nossen liable for any personal injury or any property damage, which may occur on Steffi Nossen’s premises, at participant’s home, or elsewhere, before, during or after classes. Furthermore, I/we agree to obey the instructor, class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Steffi Nossen or such other facilities at which I/we participate. In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to the School Director, instructor or staff member as soon as possible.

By submitting this Release, I/we also give consent for myself or my child/ward to be photographed/ videotaped during Steffi Nossen’s activities. These photos/videos are the property of and for the sole use of Steffi Nossen for promotion and display purposes, including online and through social media, and not for any other commercial purpose.

I/we accept and acknowledge the above terms and conditions and agree to them individually, and as Parent / Guardian on behalf of my child / children / ward. I agree with the above terms AND I agree and accept the payment terms as set forth in the separate participation agreement with Steffi Nossen.

SIGNATURE OF PARENT

OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**Payment & Registration Policies**

- Tuition is non-refundable. There will be no refunds or credits for missed classes.
  - A \$25 fee will be assessed against all returned checks.
  - We reserve the right to change classes subject to enrollment. Faculty is subject to change.
- I accept and acknowledge the above terms and conditions and agree to them as a Parent/Guardian on behalf of my child/children. I agree with the above terms **AND** I agree and accept the payment terms.