



SummerDance 2024 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 9/2024 ____

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): \$ _____
 July 8-12 _____ July 15-19 _____ July 22-26 _____ August 5-9 _____ August 12-16 _____
- **Dance Camp**, 2 one-week sessions (\$545p/week): July 8-12 _____ July 15-19: _____ \$ _____
- **Dance Intensive**, 2 one-week sessions (\$545p/week): July 8-12 _____ July 15-19: _____ \$ _____
- **Musical Theater Camp**, 2 one-week sessions (\$545p/week): July 22-26 _____ July 29-Aug 2 _____ \$ _____
- **Musical Theater Intensive**, 2 one-week sessions(\$545p/week): July 22-26 _____ July 29-Aug 2 _____ \$ _____
- **Adult Adaptive Workshop**, (\$400) June 24 – 27 _____ \$ _____
- **Adaptive Summer**, 6 Week Session(\$150), Youth (8-15) _____ Adult (16+) _____ \$ _____

SUBTOTAL: \$ _____

DISCOUNT: \$ _____

CHARITABLE CONTRIBUTION: \$ _____

TOTAL DUE: \$ _____

Early Bird Special: 10% discount on all camps when tuition is paid in FULL by April 20, 2024.

- 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)?

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).

Please list your dancer's prior dance experience:

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.