



2024 NJDTE FALL REGISTRATION FORM

STUDENT INFORMATION:

Date: _____

First Name _____ Last Name _____

Date of Birth (mm/dd/yy) _____ Age _____ Grade _____

Email Address _____ School _____

Student's Primary Doctor _____ Phone Number _____

Preferred Hospital _____ Health Insurance Carrier _____

Allergies _____ Disabilities _____ Medications _____

Other Information you feel should be brought to our attention _____

PARENT/GUARDIAN INFORMATION

1st Parent/Guardian First Name: _____ Last Name: _____

Relationship to Student _____ Home address _____ City _____ State _____ Zip Code _____

Phone: Home _____ Cell _____

Email _____

2nd Parent/Guardian First Name: _____ Last Name: _____

Relationship to Student _____ Home address _____ City _____ State _____ Zip Code _____

Phone: Home _____ Cell _____

Email _____

Emergency Contact Full Name: _____ Relationship to Student _____

Phone: Home _____ Work _____ Cell _____

2024 FALL CLASSES

Ensemble by invitation Only * Ensemble Dancers must fulfill the Weekday commitment of classes

ENSEMBLE COMPANY ENSEMBLE LEVEL _____

WEEKDAY CLASS OPTIONS/LEVEL

Ensemble Cost \$ _____

Level/ Class _____ Day _____ Time _____ Cost \$ _____

Level/ Class _____ Day _____ Time _____ Cost \$ _____

Level/ Class _____ Day _____ Time _____ Cost \$ _____

Level/ Class _____ Day _____ Time _____ Cost \$ _____

Level/ Class _____ Day _____ Time _____ Cost \$ _____

Level/ Class _____ Day _____ Time _____ Cost \$ _____

TOTAL TUITION DUE FALL 2024 \$ _____



PAYMENT & POLICIES

FALL 2024 TUITION PAYMENTS: \$ _____

A. FULL TUITION PAYMENT Deadline June 5th, 2024- ***5% Discount PIF (Paid in Full) Due at Registration**

Payment June 5th, 2024: _____ +

Registration Fee _____ \$40 =

Total Due: _____

B. (Ruby-Level 6 only) PAYMENT SCHEDULE OPTION:

Payment 1 (40%) – June 5th, 2024: _____ +

Registration Fee : _____ \$40 +

Payment 2 (60%) October 1st, 2024: _____ +

_____ =

Total Due: _____

A late fee of \$40 will be charged if payment is not received by June 5th and October 1st dates.
*There are no refunds once a student is registered for any program.

CREDIT CARD AUTHORIZATION:

All Option B (2 Installments payment) must have a credit card on file:

No Debit Cards Accepted

Account Type: ___ Visa ___ Master Card ___ Discover ___ AMEX

Account Number _____ Expiration Date _____ Security Code _____

Billing Address

Street: _____ Phone # _____

City, State, Zip: _____ Email _____

Cardholder name (as it appears on the card) _____

Signature: _____ Date: _____

Select Payment: _____ A. Paid in Full (due upon Registration) _____ B. Payment Schedule (as detailed above)

AUTO-CHARGE APPROVAL:

I hereby authorize NJDTE to charge my credit card (information provided above) for the payment of _____ (Name of Student) for NJDTE 2024 tuition as scheduled above (and/or such other amount applicable to any changes in their enrollment) on the applicable due dates.

Print your name in Full: _____

Signature: _____ Date: _____



- **Credit Card Authorization:**
 - I hereby authorize NJDTE to charge my credit card (that I provided) for the full amount due including any late fees and any additional charges.
 - All Credit Card information must be updated as needed with Administration.
 - Any payment that is declined for any charge you will be contacted and must provide updated payment information to not incur a late fee.
 - If the account surpasses an additional 30 days unpaid from due date, the account will be charged an additional late fee of \$40. Further delinquency on an account, could result in suspension of dancer(s) admittance from class.
- **Payment/Late Fee/Checks Fee:**
 - All checks are payable to NJDTE.
 - **Return Check:** A \$40.00 fee will be charged for every returned check.
 - **Late Fee:** A \$40.00 late fee will be charged after the due date each month until payment is in full.
 - **Failure to Pay/Termination:** I understand that failure to pay tuition, late fees, and or any other charges may result in termination of my child's participation in their NJDTE classes, rehearsal, and performances until my account is up to date.
- **No Refund/Attendance Policy:**
 - Registration fees & tuition are non-refundable.
 - NJDTE does not issue refunds for any reason, including classes missed due to: illness, injury, vacation, religious observance, or withdrawal.
 - NJDTE does not allow makeup classes.
 - After 4 weeks that class has begun there will be a \$40 class change fee.
- **Studio Policies:**
 - I understand and agree to adhere to the etiquette and studio policies:
 - If in the Performing Ensemble, my dancer will adhere to the NJDTE Ensemble Dancer Agreement.
- **Emails:** I understand and agree that NJDTE will send schedules, e-blasts, and program information via email or through NJDTE portal and will keep NJDTE informed of any changes to my contact information.

Parents/Guardian Agreement – Disclaimers and Other Acknowledgments

Legal Release and Policy Acceptance (please initial)

- _____ I/we understand the Studio Policies _____ I/we understand my billing obligations
- _____ I/we understand the risks related to dance _____ I/we understand my responsibilities for my personal belongings
- _____ I/we understand the dress code _____ I/we understand the schedule
- _____ I/we give media use rights permission _____ I/we understand the attendance policy
- _____ I/we understand the NJDTE COVID-19 Policies & Procedures (<https://www.njdte.org/covid-policies/>)

Signature/Responsible Party

Date

Print Full Name



Assumption of Risk, Release of Liability, Medical Emergencies

As the legal parent or guardian, I hereby release and hold harmless NEW JERSEY DANCE THEATRE ENSEMBLE, Inc. (herein referred to as "NJLTE") its Directors, Faculty, and employees from and against any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, harm, cost, damage, or injury, including death, that may arise from or relate to my child's and/or the dancer's participation in NJLTE classes while in or upon the premises under the control and/or supervision of NJLTE, their directors and staff. I certify my child is in good health and proper physical condition to take part in dance activities. I understand that participation in classes involves physical movement and, therefore, there are certain risks inherent in the art of dance. I agree to provide medical insurance for my child. If my emergency contact cannot be reached, I give permission to the staff of NJLTE to render aid or to act in my behalf to obtain emergency medical treatment for the abovenamed student for any illness or injury that may occur while attending classes, rehearsal, performances, or on the premises.

I have read this agreement and agree (by printing and signing my name below):

Signature: _____ Date: _____

Print your Full Name: _____

(For office use only) Received with this form: Registration Fee: _____ Tuition: _____ Total: _____

2024 NJLTE FALL MEDICAL RELEASE

MEDICAL INSURANCE:

PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR CURRENT INSURANCE CARD.

*Dancers must be covered by their own and/or their family's hospitalization insurance policy.

Company: _____ Group #: _____ ID #: _____

Company Address: _____

Number/Street City State Zip

Primary Cardholder: _____ Plans: _____

Primary Physicians Name: _____

Address: _____

Number/Street City State Zip

Phone #: _____ Other Health Care Providers: _____



LIABILITY WAIVER:

I hereby New Jersey Dance Theatre Ensemble, Inc., its officers, and/or its employees of any responsibility for accidents that might occur to my son/daughter while participating in any activities encompassed in NJDTE programming.

New Jersey Dance Theatre Ensemble and its officers and its employees shall be held harmless from any loss, theft, loss claim, injury or liability incurred at NJDTE programming.

I will assume responsibility for any necessary medical care and expense.

Signature of Dancer

Signature of Parent or Legal Guardian (if dancer is under age 18)

AUTHORIZATION FOR MEDICAL TREATMENT:

This is to authorize the physicians and nursing staff and/or emergency room physician (and any consultants that they deem necessary) to render necessary medical care:

In the event of an emergency, I consent that the physicians on staff may perform any emergency treatment, including surgery requiring the use of a local anesthetic. This authorization shall be in effect as long as the dancer is enrolled in any NJDTE program. Furthermore, I will assume full responsibility for all medical costs incurred.

I also attest that I am physically and mentally capable of meeting the demands of a rigorous dance project. I understand that no eyeglasses or leg or foot braces of any type may be worn in class.

Signature of Dancer

Signature of Parent or Legal Guardian (if dancer is under age 18)

PRESCRIPTION MEDICATIONS:

If you are required to take prescription medicines during NJDTE programming, please attach a list of those medicines. Additionally, list all prescription or nonprescription medications to which you have had a reaction:

NON-PRESCRIPTION MEDICATIONS:

I give my permission to the staff of NJDTE to administer the following medications at the prescribed dosage to my son/daughter for the following conditions: (specify medications, dosage and condition below).

Signature of Dancer

Signature of Parent or Legal Guardian (if dancer is under age 18)

ALLERGIES:

Please list all allergies, including foods, molds, pollens, animals, insects, etc.:



MEDICAL HISTORY:

Please check all that apply. Provide explanation and dates where applicable below.

- | | | |
|-------------------------------|---------------------------------|------------------------|
| Congenital Defects: _____ | Drug Allergy: _____ | Eczema: _____ |
| Emotional Instability: _____ | Serious Eye Defects: _____ | Tendonitis: _____ |
| Frequent Sore Throats: _____ | Food Allergy: _____ | Mononucleosis: _____ |
| Urinary Tract Defects: _____ | Glasses: _____ | Central Nervous: _____ |
| Sinusitis: _____ | Insect Bite Allergy: _____ | System Defects: _____ |
| Serious Operations: _____ | Gastrointestinal Defects: _____ | Chicken Pox: _____ |
| Frequent Infected Ears: _____ | Asthma: _____ | Convulsions: _____ |
| Serious Injuries: _____ | Heart Defects: _____ | Measles: _____ |
| Hearing Defects: _____ | Hay Fever: _____ | Fainting: _____ |
| Tuberculosis: _____ | Rheumatic Fever: _____ | German Measles: _____ |
| Bronchitis: _____ | Hives: _____ | Mumps: _____ |
| Diabetes: _____ | Musculoskeletal Defects: _____ | |
| Pneumonia: _____ | High/Low Blood Pressure: _____ | |

Date of latest immunization: _____
(Must be completed for entry into program)

Are you vaccinated against Chicken Pox? _____ Measles? _____

Is there anything special we should know about your dancer's health?

Please list any physical or dance-related problems including injuries, bone, joint, or muscular disorders, etc.

NOTE: A written authorization to participate in any NJDTE Program must be submitted by a physician for any dancer with a pre-existing medical condition. Full details of current treatment must be provided by the physician to insure proper care during the program.



2024 NJDTE CLASSES LIABILITY STATEMENT

I understand that if I do not follow the policies, guidelines, or regulations of 2024 NJDTE Programs I can be expelled with no refund. Policies, guidelines, and regulations are meant to keep all students, faculty, and staff safe and within the CDC Guidelines.

I have read the above policies and hereby absolve New Jersey Dance Theatre Ensemble, Inc., its officers, and/or its employees of any responsibility for accidents that might occur while participating in any activities encompassed in the 2024 NJDTE Classes Programs at NJDTE Studios. New Jersey Dance Theatre Ensemble, Inc. its officers and/or its employees, shall be held harmless from any injury, illness, theft, loss claim, or liability incurred at this live program.

Dancer Full Name: _____

Dancer Signature: _____ Date: _____

Parent Full Name: _____

Parent Signature: _____ Date: _____

*******FOR NJDTE INTERNAL USE ONLY*******

DATE APPLICATION RECEIVED: ____/____/2024_____.

ACCOUNT # _____

INSURANCE RECVD : YES. - NO

LDGR :	DATE:	INTL:
DWRK :	DATE:	INTL:
1DRV. :	DATE:	INTL:

VERFYBC/JR:	DATE:	INTL:
FORM UPDATE: 03/08/24		