

Website: www.njdte.org
Email: programmanager@njdte.org

2024 NJDTE SUMMER REGISTRATION FORM

STUDENT INFORMATION:

First Name	Last Na	ame
Date of Birth (mm/dd/yy)	_ Age	Grade (Jan. 2023)
Email Address	Phone	Number
Current Academic School	Current School for Dance Training	
Student's Primary Doctor		
	Health Insurance Carrier	
•		Medications
Other Information you feel should be brought to our a	attention ₋	
PARENT/GUARDIAN INFORMATION		
1st Parent/Guardian First Name:		Last Name:
Relationship to Student		Home address:
Phone: Home	_ Work .	Cell
Email		_
2nd Parent/Guardian First Name:		Last Name:
Relationship to Student		Home Address
Phone: Home	_ Work .	Cell
Email		<u> </u>
Emergency Contact Full Name:		Relationship to Student
Phone: Home	Work .	Cell
SUMMER PROGRAM & LEVEL ENROLLED New Ballet Intensive (July 1st -July 12th) Full Program (2 Weeks)- \$1195 + 3 Young Dancer Program (July 15th – July 2 Full Program (2 Weeks) - \$1050 + 3 Summer Dance Intensive (July 29th – Aug	\$40	egistration Fee Due upon Registration) Level OR 1 Week- \$670 + \$40 (indicate week 1 or 2) Level OR 1 Week \$620+ \$40 (indicate week 1 or 2) Level
Full Program (2 Weeks)- \$1890 +	\$40	OR 1 Week \$1120 + \$40 (indicate week 1 or 2)

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MEDICAL EMERGENCY INFORMATION

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:	

ASSUMPTION OF RISK, RELEASE OF LIABILITY, MEDICAL EMERGENCY:

As the legal parent or guardian, I hereby release and hold harmless NEW JERSEY DANCE THEATER ENSEMBLE Inc. (herein referred to as "NJDTE" 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 participant's participation in NJDTE classes while in or upon the premises under the control and/or supervision of NJDTE, 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 NJDTE to render aid or to act in my behalf to obtain emergency medical treatment for the above-named student for any illness or injury that may occur while attending classes, rehearsal, performances, or on the premises.

<u>AUTHORIZATION FOR MEDICAL TREATMENT, ASSUMPTION OF MEDICAL EXPENSES:</u>

INITIAL	HERE	1.1.2	2



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- I/we have read and the 2024 NJDTE COVID-19 Policies online njdte.org
- I/we authorize the physicians and nursing staff and/or emergency room physician and consultants deemed necessary to render necessary medical care.
- I/we agree that in the event of an emergency, I consent that the physicians on staff may perform and emergency treatment, including surgery and the use of local anesthetic. This authorization shall be in effect as long as the dancer enrolled in any NJDTE or MIP2 program. I will assume full responsibility for any necessary medical care and expense incurred.
- I/we understand that no eyeglasses or foot braces or boots may be worn to class.

PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS:

I/we will provide and list and prescription medications and non-prescription medications that my dancer must take or may use or those
medications that they have a reaction to. (Please provide info below)
I/ve size any normination to the staff of NI IDTE and MIDO to administer the fallousing readications at the prescribed decorate any
I/we give my permission to the staff of NJDTE and MIP2 to administer the following medications at the prescribed dosage to my
son/daughter for the following conditions: (Specify medications, dosage, and condition below)
ALLERGIES:
I/we will provide a list of allergies including foods, Mold, pollen, animals, insects etc. (Please provide below)
IMMUNIZATIONS:
Date of latest Tetanus Immunization
(Must be completed before program)
Are you Vaccinated against Chicken Pox Measles
Are there any physical or dance-related problems including injuries, bone, joint or muscular disorders, etc.?
Is there any other special that we should know about your health, mental conditions, or concerns?
I have read this agreement and agree (by printing and signing my name below)
Print Full Name (Parent if dancer is under age 18)
Signature/Responsible Party Date

MEDICAL HISTORY:



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Drug Allergy:	Eczema:
Serious Eye Defects:	Tendonitis:
Food Allergy:	Mononucleosis:
Glasses:	Central Nervous:
Insect Bite Allergy:	System Defects:
Gastrointestinal Defects:	Chicken Pox:
Asthma:	Convulsions:
Heart Defects:	Measles:
Hay Fever:	Fainting:
Rheumatic Fever:	German Measles: _
Hives:	Mumps:
Musculoskeletal Defects:	
High/Low Blood Pressure:	
	Serious Eye Defects: Food Allergy: Glasses: Insect Bite Allergy: Gastrointestinal Defects: Asthma: Heart Defects: Hay Fever: Rheumatic Fever: Hives: Musculoskeletal Defects:

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



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NJDTE PAYMENT & POLICIES

SUMMER 2024 TOTAL TUITION PAYMENTS: \$	
A. FULL TUITION PAYMENT Deadline February 15	^{5th} , 2024 -
Full Payment – February 15th, 202	24:+
Full Payment – February 15th, 202 Registration Fee –:	\$40 =
Total Due:	
B. 2 PAYMENT SCHEDULE OPTION:	
Payment 1 (60%) – February 15th, 2024:	+
Registration Fee – :	\$40 +
Payment 2 (40%) – April 12th, 2024. :	+
Total Due:	
A late fee of \$40 will be charged if payment is not rece	eived by February 15 th and April 12 th , 2024
*There are no refunds once a student	
CREDIT CARD AUTHORIZATION:	
All Option B (2 PAYMENT SCHEDULE) must have a credi	it card on file:
No Debit Cards Accepted	it dard on life.
No Bosit Gardo Nocoptod	
Account Type: Visa Master Card Discover _	AMEX
Account Number	
Billing Address	
Street: City, State, Zip: Cardholder name (as it appears on the card)	Phone #
City, State, Zip:	Email
Cardholder name (as it appears on the card)	
Signature:	Date:
Signature: A. Paid in Full (due upon Registrat	tion) B. Payment Schedule (as detailed above)
AUTO-CHARGE APPROVAL:	
I hereby authorize NJDTE to charge my credit card (informat	tion provided above) for the payment of (Name of
Student) for NJDTE Summer 2024 tuition as schedule above	e (and/or such other amount applicable to any changes in their enrollment) or
the applicable due dates.	
Print your name in Full:	
Signature:	Date:
(For official use only) received with this form. Registration Fee	Tuition: Total



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• Credit Card Authorization:

- o 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.
- o 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.
- o **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.
- o NJDTE does not issue refunds for any reason, including classes missed due to: illness, injury, vacation, religious observance, or withdrawal.
- NJDTE does not issue makeup classes.

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. I will keep NJDTE informed of any changes to my contact information.



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PAYMENT & POLICIES

UPON RECEIPT OF FORMS, YOU WILL RECEIVE A LINK FOR ONLINE PAYMENT ALL PROGRAM COSTS WILL BE PAID ONLINE WITH \$40 REGISTRATION FEE *There are NO REFUNDS once a student is registered for any program

NJDTE SUMMER PAYMENTS AND POLICIES:

- 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 classes and any other NJDTE rehearsal and performances until my account is current.
- I understand that (a) all registration fees are non-refundable, (b) NJDTE does not issue refunds for any reason, including classes missed due to illness, vacation, religious observance, or withdrawal.
- I understand and agree that NJDTE may periodically send me newsletters and Program information via email.

<u>Parents/Guardian Agreement – Disclaimers and Other Acknowledgments</u>

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 and will comply with studio et	tiquette and applicable rules of the program and failure to do so may					
result in dismissal from the program with no refund.						
I/we understand that dance is a rigorous phys	ical and mental activity, and I must be physically fit to participate in this					
program and that there are no health-related reasons or problems that preclude my participation. I/we hereby waive, release and hold harmless New Jersey Dance Theatre Ensemble Inc. and its Directors, Officers and employees from any and all claims or liability for accidents, Injury, loss or theft that may occur while at this summer						
					dance intensive program.	
					I/we hereby consent the use of my image by N	NJDTE by anyone authorized by the organization, for the purpose of
advertising and publicity with use of name, photograp	h, video of me or any reproduction of same in any form taken.					
while I am participating in the program.						
Signature/Responsible Party	Date					
	Print Full Name					