



2023 NJLTE SUMMER REGISTRATION FORM

STUDENT INFORMATION:

First Name _____ Last Name _____

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 _____

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: _____

Phone: Home _____ Work _____ Cell _____

Email _____

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

Relationship to Student _____ Home Address _____

Phone: Home _____ Work _____ Cell _____

Email _____

Emergency Contact Full Name: _____ Relationship to Student _____

Phone: Home _____ Work _____ Cell _____

SUMMER PROGRAM & LEVEL ENROLLED (\$40 Registration Fee Due upon Registration)

New Ballet Intensive (June 26th – July 7th) Level _____

Full Program (2 Weeks)- \$1,125 OR 1 Week- \$650 (indicate week 1 or 2) _____

Young Dancer Program (July 10th – July 21st) Level _____

Full Program (2 Weeks) - \$990 OR 1 Week \$595 (indicate week 1 or 2) _____

Summer Dance Intensive (July 24th – August 4th) Level _____

Full Program (2 Weeks)- \$1,620 OR 1 Week \$980 (indicate week 1 or 2) _____

INITIAL HERE _____ 1.1.23



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 “NJ DTE” 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 NJ DTE classes while in or upon the premises under the control and/or supervision of NJ DTE, 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 NJ DTE 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.



AUTHORIZATION FOR MEDICAL TREATMENT, ASSUMPTION OF MEDICAL EXPENSES:

- I/we have read and the 2023 NJDTE COVID-19 Policies
- 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 or MIP 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/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:

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: _____ | |

Additional Details:

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.



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.

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 and will comply with studio etiquette 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 physical 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 NJDTE by anyone authorized by the organization, for the purpose of advertising and publicity with use of name, photograph, 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