

**Office Use Only**  
 Date of Payment \_\_\_\_\_  
 Form of Payment \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Receipt # for Cash \_\_\_\_\_  
 Amount\$ \_\_\_\_\_  
 Initials \_\_\_\_\_  
 Entered in Computer \_\_\_\_\_  
 Entered on PB \_\_\_\_\_

# DANCE DESIGNS

## studio

Acct# \_\_\_\_\_

17-08 River Road, Fair Lawn, NJ 07410

P.O. Box 214, Franklin Lakes, NJ 07417

Tel: (201) 791-8873 | Email: [contact@dancedesignsstudio.com](mailto:contact@dancedesignsstudio.com)

Register Online: <https://app.thestudiodirector.com/dancedesignsstudio/portal.sd?page=Login>

### 2022 Summer Registration Form

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
 Billing Name \_\_\_\_\_ Cell# (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
 Street Address \_\_\_\_\_ Home# (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
 City \_\_\_\_\_, NJ Zip Code \_\_\_\_\_ Work# (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
 Email address: \_\_\_\_\_@\_\_\_\_\_ Preferred Contact:(Circle one) Home Cell Business  
 Emergency contact (other than listed above): \_\_\_\_\_ Phone# (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
 How did you hear about Dance Designs? Website Newspaper Referred by \_\_\_\_\_

#### Requested Classes

(All classes are subject to availability and level-appropriate eligibility. Classes without sufficient registration may be consolidated)

<i>Class Name</i>	<i>Day</i>	<i>Time</i>	<i>Pricing Information For Office Use Only</i>
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			

#### FOR OFFICE USE ONLY

Total Tuition: \$ \_\_\_\_\_

Registration Fee: \$35.00 (To be paid in Fall Semester)

Total Due: \$ \_\_\_\_\_

\*\*\*Please note any balances not installments dates will be received by the above subject to a late charge of \$35.00\*\*\*

\_\_\_\_\_ I have read and understand the payment schedule.  
 (Initial here)

**PLEASE COMPLETE REVERSE**



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As a condition of **my/my child's** participation in and enrollment at Dance Designs by Carol Baskinger, Inc. (Dance Designs), I \_\_\_\_\_ do hereby agree to the following:

(Parent/Guardian or Adult Student Name)

1. I am the lawful parent or guardian of \_\_\_\_\_.  
(Child's Name, if applicable)
2. I understand and agree to the payments and due dates listed. Failure to adhere to the set schedule will result in a late fee. If my account becomes more than 30 days delinquent, Dance Designs reserves the right to exclude **me/my** child from class until the account is up to date. Returned checks are subject to a \$35 fee.
3. I understand that there are no refunds issued. Missed group lessons may be made up during other regularly schedule group classes within two weeks of an absence provided that a) the make up class is during the same semester as the missed lesson, b) make-up class must be within the same genre and level of the missed class, c) the lesson in which the make-up is taken has available space. There will be no refunds or credits given for missed classes.
4. I understand that participation in the courses, shows, demonstrations, and rehearsals, which are part of my enrollment with Dance Designs, may subject **me/my child** to injury. Notwithstanding the risk of injury, I do hereby agree to hold Dance Designs and its employees, instructors, agents, servants, officers, and directors, harmless as to any injuries, losses, or damages which may be suffered by **me/my child** as a result of participation in or enrollment at Dance Designs and I further hold each of them harmless as to any liability and responsibility arising from any incident which may cause any damage, injury, or loss to me or my child.
5. I also understand that Dance Designs may, from time to time, engage in classes, courses, shows, demonstrations, and rehearsals which may require transportation by employees, instructors, agents, servants, officers, or directors, of Dance Designs. I agree to hold Dance Designs and its employees, instructors, agents, servants, officers, or directors harmless and to indemnify them for any and all damages, injuries and losses, which may result from such transportation.
6. I acknowledge that **I/my child** shall be receiving instructions or lessons given by instructors employed by Dance Designs. I agree to hold Dance Designs and its employees, instructors, agents, servants, officers, or directors harmless and to indemnify them for any and all losses, injuries, or damages that may be suffered by **me/my child** as a result of such instruction or lessons.
7. Dance Designs has my permission to photograph, record, and videotape **me/my child** for promotional uses during my tenure of enrollment, with no compensation due to **me/my child**.
8. All classes are subject to change without notice.
9. This agreement shall be binding upon the parties and their heirs, successors, administrators, executors, & assigns.
10. **Regarding Online Streaming Classes:** I understand that participation in the **online streaming classes**, courses, shows, demonstrations, and rehearsals, which are part of my enrollment with Dance Designs, may subject **me/my child** to injury. Notwithstanding the risk of injury, I do hereby agree to hold Dance Designs and its employees, instructors, agents, servants, officers, and directors, harmless as to any injuries, losses, or damages which may be suffered by **me/my child** as a result of participation in or enrollment at Dance Designs and I further hold each of them harmless as to any liability and responsibility arising from any incident which may cause any damage, injury, or loss to me or my child.

I have read and understood each and every term and condition as set forth herein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Parent/Guardian or Adult Student Signature

X *Carol Baskinger*

Dance Designs by Carol Baskinger, Inc.

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## **Covid-19 Waiver and Release**

I release DANCE DESIGNS STUDIO, its instructions, independent contractors, and all other associates from liability for harm, theft, or injury that may be suffered by me and/or members of my family travelling to or from or during participation in activities and programs sponsored by DANCE DESIGNS STUDIO. I hereby acknowledge that I am voluntarily assuming full responsibility for all risks of physical injury arising out of active participation in a dance class or other dance related activities. I acknowledge the contagious nature of COVID-19 and other contagious disease and viruses and voluntarily assume the risk that I and/or my family may be exposed to or infected by COVID-19 by attending and participating and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 and other contagious diseases and viruses may result from the actions, omissions, or negligence of myself and others; including, but not limited to, employees, independent contractors, volunteers, and program participants and their families. I release DANCE DESIGNS STUDIO, its instructors, independent contractors and all associates from liability for harm, injury, or death pertaining to COVID-19 and other contagious diseases and viruses.

I hereby agree, represent, and warrant that neither I shall visit or utilize the studio services, and programs of the studio if I: (i) experience symptoms of COVID-19, including without limitation, fever, cough, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat or new loss of taste and/or smell (or any other symptoms later to be determined to be a symptom of COVID-19); (ii) has a suspected or diagnosed/confirmed case of COVID-19; or (iii) within the last 14 days has been exposed to someone who exhibits the symptoms listed in above or has a diagnosis as set forth in (ii) above. I agree to notify the studio immediately if I believe that any of the foregoing access/use restrictions may apply.

The studio has taken and may in the future take certain steps to slow the transmission of COVID-19, including, without limitations, the access/use restrictions set forth above. I acknowledge and agree that the studio may revise its procedures at any time and further agree to review and to comply with the studio's revised procedures as a condition of entering and/or utilizing the studio, services, and programs of the studio. I further acknowledge and agree that due to the nature of the studio, services, and programs offered by the studio, social distancing of 6 feet per person may not always be possible. I understand that the risk of becoming exposed to or infected by COVID-19 at the studio may result from the actions, omissions, or negligence of myself and others, including, but not limited to, studio employees, volunteers, and program participants and their families.

I fully understand and appreciate both the known and potential dangers of utilizing the studio, services, and programs of the studio and acknowledge that use thereof by me is completely voluntary and may, despite reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death. I understand that there are NO refunds for classes where I pre-registered.

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**Print Name & Date**

**Signature**