



2120 Springfield Avenue
Vauxhall NJ 07088
862-621-9130
umojadance.com

Karen L. Love, Artistic Director

2019-2020 REGISTRATION FORM

Student Name: _____ Parent Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Age: _____ DOB: _____ M _____ F _____

Allergies: _____ Physical Restrictions: _____

Emergency Contact: _____

Class Selection: _____

Please Circle: Cash/ Money Order Credit/Debit Zelle /CashApp

Registration Fee: (Please circle) \$30 New \$25 Returning

Total # of Classes: _____ **Amount Paid:** _____ **Registration Initial** _____

NOTES: _____

Waiver / Release

1. The participant agrees and understands that Umoja Dance Company carries insurance covering its legal liability. The participant accepts all risks of participating in a dance class. The participant will not make a claim against or sue the Umoja Dance Company or any of its officers or employees for injury or damage resulting from participation in the class. It is mutually agreed upon that the participant is considered to be in good condition to participate in the class.
2. The participant gives full permission for Umoja Dance Studio to use pictures or video from class and/or performances for advertising purposes. The participant understands that his/her name will not be used.
3. The participant has read the **“Welcome Letter”** which includes Studio Policies and Student/Parent Rules. The participant will adhere to the rules otherwise will face dismissal from the studio.
4. The participant understands: **NO REFUNDS** and **NO EXCHANGES**.
5. The participant understands **Registration Fees** are due at the time this form is completed.
6. The participant has read the **Tuition Rates & Payment Information** sheet and agrees to comply with its policies. The participant understands that tuition is due on the first class of every month and that a **\$20 late Fee** will be applied to any delinquent payments. **Tuition is required every month regardless of attendance. Monthly tuition may not be skipped because of non -attendance. NO EXCEPTION.**

Parent/Participant Signature _____ Date _____