



# Dance Dimensions Summer Dance Program 2021

June 21-August 13 | Monday through Friday

Ages 5-Teens Half/Full Days Limited Capacity First Come, First Serve!

Student Name: \_\_\_\_\_ Student DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Email: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Today's date: \_\_\_\_\_

PAYMENT BY (circle one):      CREDIT CARD      CARD ON FILE (for current students only)

ZIP CODE where card is billed: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVC #: \_\_\_\_\_

CREDIT CARD NUMBER: 

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IN-PERSON Days Per Week	Program Price 5% off 2 <sup>nd</sup> child 10% off 3 <sup>rd</sup> child	Totals								
5 Days/Week	\$310 x _____									
4 Days/Week	\$265 x _____									
3 Days/Week	\$210 x _____									
2 Days/Week	\$145 x _____									
Single Day	\$82 x _____									
Half Day (10am-1pm)	\$52 x _____									
Lunch (\$8 per day) <small>Circle the weeks you want to pre-pay for lunch</small>	<table style="font-size: small; border-collapse: collapse;"> <tr> <td style="padding: 2px;">6/21</td> <td style="padding: 2px;">6/28</td> <td style="padding: 2px;">7/5</td> <td style="padding: 2px;">7/12</td> </tr> <tr> <td style="padding: 2px;">7/19</td> <td style="padding: 2px;">7/26</td> <td style="padding: 2px;">8/2</td> <td style="padding: 2px;">8/9</td> </tr> </table>	6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	
6/21	6/28	7/5	7/12							
7/19	7/26	8/2	8/9							
ZOOM Days Per Week	Zoom Pricing 5% off 2 <sup>nd</sup> child 10% off 3 <sup>rd</sup> child	Totals								
5 Days/Week	\$225 x _____									
4 Days/Week	\$210 x _____									
3 Days/Week	\$150 x _____									
2 Days/Week	\$105 x _____									
Single Day	\$55 x _____									
Half Day (10am-1pm)	\$36 x _____									
Drop-In Class	\$13 x _____									
<b>TABLE BELOW FOR OFFICE USE ONLY</b>										
Subtotal <small>DD OFFICE USE ONLY</small>										
PAYMENTS <small>DD OFFICE USE ONLY</small>	\$ _____ Date: _____									
TOTAL OWED <small>DD OFFICE USE ONLY</small>										

CHOOSE YOUR  
SCHEDULE ON  
THE NEXT PAGE!

No refunds  
No exceptions

Classes &  
Schedule  
subject to  
change.

Summer  
Program will be  
charged in full  
when you  
register.

ADDED days will  
be charged at  
the rate when  
those days are  
requested.

Make ups  
available during  
camp only.

In-person make  
up may be  
replaced with a  
Zoom make up  
because of  
limited capacity.

# CHOOSE YOUR SCHEDULE

(AND TAKE A PICTURE OF THIS PAGE FOR YOUR RECORDS!)

CIRCLE YOUR DAYS BELOW FOR **IN-PERSON** & **ZOOM** SUMMER PROGRAM

## FULL DAY (10AM-4PM)

### IN-PERSON FULL DAY

Week of June 21	M	T	W	Th	F
Week of June 28	M	T	W	Th	F
Week of July 05	M	T	W	Th	F
Week of July 12	M	T	W	Th	F
Week of July 19	M	T	W	Th	F
Week of July 26	M	T	W	Th	F
Week of Aug 02	M	T	W	Th	F
Week of Aug 09	M	T	W	Th	F

### ZOOM FULL DAY

Week of June 21	M	T	W	Th	F
Week of June 28	M	T	W	Th	F
Week of July 05	M	T	W	Th	F
Week of July 12	M	T	W	Th	F
Week of July 19	M	T	W	Th	F
Week of July 26	M	T	W	Th	F
Week of Aug 02	M	T	W	Th	F
Week of Aug 09	M	T	W	Th	F

## HALF DAY (10PM-1PM)

### IN-PERSON HALF DAY

Week of June 21	M	T	W	Th	F
Week of June 28	M	T	W	Th	F
Week of July 05	M	T	W	Th	F
Week of July 12	M	T	W	Th	F
Week of July 19	M	T	W	Th	F
Week of July 26	M	T	W	Th	F
Week of Aug 02	M	T	W	Th	F
Week of Aug 09	M	T	W	Th	F

### ZOOM HALF DAY

Week of June 21	M	T	W	Th	F
Week of June 28	M	T	W	Th	F
Week of July 05	M	T	W	Th	F
Week of July 12	M	T	W	Th	F
Week of July 19	M	T	W	Th	F
Week of July 26	M	T	W	Th	F
Week of Aug 02	M	T	W	Th	F
Week of Aug 09	M	T	W	Th	F

**ALL SCHEDULING IS FIRST-COME, FIRST SERVE. YOUR DAYS ARE NOT GUARANTEED.  
IF LA COUNTY REGULATIONS CHANGE, WE WILL ALLOW FOR IN-STUDIO LUNCH.**

# PERSONAL AND HEALTH FORM 2021

PLEASE COMPLETE THIS FORM AND TURN IN WITH REGISTRATION

DANCER'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ M/F \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT 1 \_\_\_\_\_ LEGAL CUSTODY? YES NO DAYTIME PHONE (\_\_\_\_) \_\_\_\_\_

PARENT 2 \_\_\_\_\_ LEGAL CUSTODY? YES NO DAYTIME PHONE (\_\_\_\_) \_\_\_\_\_

## EMERGENCY NOTIFICATION:

1. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

INSURANCE INFORMATION DO YOU HAVE HEALTH AND ACCIDENT INSURANCE? (CIRCLE ONE) YES NO

NAME OF COMPANY \_\_\_\_\_

PHONE NUMBER OF INSURANCE (\_\_\_\_) \_\_\_\_\_

FAMILY DOCTOR NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

## HEALTH HISTORY

ASTHMA? (CIRCLE ONE) YES NO

SPECIAL CONDITIONS: LIST ANY PHYSICAL OR EMOTIONAL CONDITIONS WE SHOULD BE AWARE OF:

\_\_\_\_\_

## ALLERGIES (CIRCLE ONE)

YES NO PENICILLIN

YES NO OTHER DRUGS \_\_\_\_\_

YES NO FOOD / OTHER (SPECIFY) \_\_\_\_\_

MEDICATIONS TO BE TAKEN AT DDPAC \_\_\_\_\_

DIETARY RESTRICTIONS \_\_\_\_\_

## PARENT'S MEDICAL AUTHORIZATION

I authorize Dance Dimensions Performing Arts Center to provide any attention necessary to my child, \_\_\_\_\_, in the event of a medical concern, including but not limited to ice, bandages, Tylenol/Motrin and transportation to a medical facility, if needed. In the event I cannot be reached in an emergency, I hereby give permission for hospital personnel to administer treatment they deem necessary, including hospitalization.

# DANCE DIMENSIONS POLICIES & INFORMATION

PLEASE READ, INITIAL, AND SIGN!

## DRESS CODE

(All items are available for purchase at Dance Dimensions)

**Shoes:** Tap - Tap Shoes

Jazz or Ballet - If you have both, bring them! Buy one or the other if needed

Hip Hop - Sneakers

African, Lyrical, Bollywood, Contemporary, Technique – Half Soles or barefoot

**Pants:** Black leggings or jazz shorts

**Tops:** Black leotard or black top

**Hair:** Pulled back (ponytail or bun)

## LIABILITY RELEASE

I hereby release Dance Dimensions and all class and performance locations, as well as their owners, agents, employees, volunteers, contractors and successors, from liability. I agree to indemnify them for and hold them harmless from losses, suits, claims and demands of every kind and character arising out of and in conjunction with my Child's or my own participation in these classes. I recognize and acknowledge there are certain risks of physical injury, and I agree to assume the full risk of personal injuries, accidents, illnesses, death, damages and/or property loss that I or my minor child may sustain as a result of participating in any activities connected with or associated with Dance Dimensions programs, classes or private lessons.

I hereby agree to have my dancer stay home if he/she is sick. I agree to take my child home if he/she does not pass the temperature test in the morning. I agree that if my child tests positive for COVID-19, I will notify Dance Dimensions and keep my child home and quarantined for 2 weeks.

I hereby assign all rights to videotaping, photographs and sound recordings, and authorize the reproduction, sale, copyright, exhibition, broadcast and distribution of such videotapes, photographs and recordings without limitation or compensation.

## MAKE UP DAYS AND ABSENCES

I understand there will be **no refunds**, but I may have a scheduled make up day within the same calendar month of a missed day, ONLY if I call in advance and schedule. It is possible the in-person make up will be replaced with a Zoom make up if there isn't availability in the in-person classes. **Make up days cannot roll over to the Fall program.**

## PAYMENTS

No checks accepted at any time. Dancers cannot participate unless paid in full. **I agree that Dance Dimensions may charge my Credit Card at the time of registration.**

**\*By initialing here, I agree that Dance Dimensions may charge my Credit Card at the time of registration.**

**Initials:**

**I have read, understand and agree to abide by the abovementioned policies:**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

# DDPAC COVID-19: WAIVER OF LIABILITY SUMMER PROGRAM 2021

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus.

People with these symptoms may have COVID-19:

- Fever or chills - Cough - Shortness of breath or difficulty breathing - Fatigue - Muscle or body aches - Headache - New loss of taste or smell - Sore throat - Congestion or runny nose - Nausea or vomiting - Diarrhea *This list does not include all possible symptoms.*

Dance Dimensions Performing Arts Center (“DDPAC”) has put in place preventative measures to reduce the spread of COVID-19; however, DDPAC cannot guarantee that you or your child(ren) will not become infected with COVID-19.

**By signing this agreement,** I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to (or infected by) COVID-19.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including COVID-19, illness, damage, loss, claim, liability, or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at DDPAC or participation in any dance programming. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless DDPAC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

## CHECK THE BOXES BELOW TO AGREE WITH THE FOLLOWING POLICIES:

- I understand the previous list of COVID-19 symptoms.
- I affirm that neither I, nor any member of my household, currently has or has experienced the aforementioned symptoms within the past 30 days. Furthermore, I will immediately inform Dance Dimensions and discontinue classes if I, or any member of my household, develops any of the aforementioned symptoms.
- I affirm that neither I, nor any member of my household, has been diagnosed with COVID-19 within the past 14 days. Furthermore, I will immediately inform Dance Dimensions and discontinue classes if I, or any member of my household, is diagnosed with COVID-19.
- I affirm that neither I, nor any member of my household, has knowingly been exposed to anyone diagnosed with COVID-19 within the past 14 days. Furthermore, I will immediately inform Dance Dimensions and discontinue classes if I, or any member of my household, is knowingly exposed to anyone diagnosed with COVID-19.
- I affirm that neither I, nor any member of my household, has traveled outside of the country or to any city considered to be a "hot spot" for COVID-19 infections within the past 14 days. Furthermore, I will immediately inform Dance Dimensions and discontinue classes once I, or any member of my household, returns from traveling outside of the country or to any city considered to be a "hot spot" for COVID-19 infections.
- I understand that Dance Dimensions cannot be held liable for any exposure to the COVID-19 virus caused by any misinformation on this form or the health history provided by each Student.

**Dance Dimensions will be adhering to the following enhanced procedures to prevent the spread of COVID-19.**

**OUR INSTRUCTORS AND STAFF WILL...**

- Do a temperature check before entering the studio, and ensure that it is below 99.6°f.
- Clean/Disinfect dance floors, bathrooms and frequently touched surfaces thoroughly before, during, and after each session daily.
- Wash/Sanitize our hands before and after each session. Wear our masks.
- Maintain a safe distance at all times.
- Accommodate a limited number of students in each class to ensure physical distancing.
- Provide hand sanitizers throughout the premises.

**WE ARE REQUESTING THAT EACH OF OUR STUDENTS, PLEASE...**

- Allow us to check their temperature before entering the premises to ensure it is below 99.6°f.
- Wear a face mask when waiting in line and within the facility.
- Maintain a safe distance from others at all times.
- Use hand sanitizer before entering, throughout the day, and while exiting the studio.
- Bring their own large bottle of drinking water and bring all additional camp necessities (listed in the Summer Dance Logistics email).

**By signing below, I agree to each previous statement and release Dance Dimensions from any and all liability for the unintentional exposure or harm due to COVID-19.**

Guardian's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# **Keep This Page!**

## **Welcome to Dance Dimensions Summer Dance Program 2021!**

### **Policies & Information**

#### **SUMMER DRESS CODE**

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**Pants:** Black leggings or jazz shorts

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**Hair:** Pulled back (ponytail or bun)

**IMPORTANT COVID-19 NOTICE:** We will not be lending shoes during Summer 2021, and our vending machines will be closed. Please come prepared with all dance clothes/shoes, as well as snacks and plenty of water.

#### **Reminders from your Registration Form:**

#### **PARENT'S MEDICAL AUTHORIZATION**

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#### **LIABILITY RELEASE**

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#### **PAYMENTS**

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**I have read, understand and agree to abide by the abovementioned policies.**

**No refunds – No exceptions – Classes & Schedule subject to change.**

Summer Program must be paid in full by the start date (June 21) in order to participate.

ADDED days will be charged at the rate level applicable when additional days are requested

### **SUMMER DANCE PROGRAMS 2021**

Ph: 818-999-3262

[www.mydancedimensions.com](http://www.mydancedimensions.com)

23241 Ventura Blvd, Woodland Hills