



Contact Information

Student Name: _____ Date of Birth: _____

Parent Guardian #1: _____

Phone Number: _____ Email: _____

Address: _____

Billing Address (If different than home address): _____

Parent Guardian #2 (or emergency contact): _____

Phone Number: _____ Email: _____

Address(if different): _____

YANARELLA SCHOOL OF DANCE
312 Main Street
Beacon N.Y 12508
(845)831-0759

COVID-19 Waiver – Required Form

Masks are required for all dancers, teachers and anyone entering the studio whether it be to drop off or pick up students.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. We are doing everything we can to be compliant with all regulations and ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19.

By participating in programs, dance classes and activities of Yanarella School of Dance LLC, you agree to the following:

On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless **Yanarella School of Dance LLC**, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, dance classes or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this studio, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any programs, dance classes or activities as it relates to Yanarella School of Dance LLC for the dance year 2021.

Parent Signature: _____

Printed Name: _____

Date: _____

Names of Minor Family Members/ students (if any):

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312 Main Street
Beacon, New York 12508

Phone 845-831-0759

I have read and fully understand the policy of the Yanarella School of Dance.

Payments must be mailed to the given address by the 10th of the month.

All payments for the month will be made by the 10th of the month or a late charge of \$10.00 will be applied to the balance. **Lessons are non-refundable.**

I understand that I have two weeks to make up any missed classes or they will be forfeited.

45 minute classes and 1 hour classes are on the same pay scale.

I understand that if I am delinquent in lesson payments I will not be allowed to participate in class or recital.

I give Yanarella School of Dance permission to use any photos of my child on their website or in advertisements.

I am in good health and physically capable of participating in physical activity. I understand that I will be participating in class at my own risk.

I have listed all medical and physical conditions that dance studio personnel should know about below (for example asthma, scoliosis, ADD, etc.):

(SIGNATURE) DATE: _____

NOTE: Parent must sign if student is under 18 years of age.

Student's Name: _____

Address: _____
Street

City State Zip Code

Telephone _____

In case of emergency notify: _____
Name

Relationship to Student: _____ Telephone: _____