

Dance Registration Form 2020 - 2021

Adult's Name _____ Primary Phone # _____ Secondary Phone # _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Any special needs, medications, or allergies: _____

Student's Name	Gender	Age	Birth Date	Class Name	1st Choice		2nd Choice	
					Day	Time	Day	Time

Please add me to these additional classes if space is available after May 16.	1. 2.	3. 4.	
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Registration Information

RETURN BY MAIL ONLY!

FAMILY MUSEUM ATTN: JULIE KLEIN
2900 LEARNING CAMPUS DRIVE BETTENDORF, IOWA 52722

- You must include a \$15 non-refundable registration fee (per dancer). Check or charge accepted. Please fill out credit card form to the right if paying with a card.
- Registration for **RETURNING** dance students starts SATURDAY, MAY 2, 2020. Registrations must be postmarked no earlier than Saturday, May 2, 2020.
- Registration for **SIBLINGS** or **ADDITIONAL CLASSES** starts MAY 16, 2020.
- Registration for **NEW** students starts JUNE 6, 2020. Registrations must be postmarked no earlier than SATURDAY, JUNE 6, 2020.
- The City of Bettendorf requires the waiver on the second page of this document to be signed before participation in a City sponsored activity. If this waiver is not signed, your child will not be allowed to participate.
- Please allow 2 weeks after registering for processing. You will receive confirmation by mail once your registration is processed.
- Classes at the Family Museum may be suspended immediately without notice because of unforeseen events such as closure due to weather, teacher illness, government action, epidemic or pandemic, fire, or any other event beyond the Family Museum's control. These events will not entitle the parent(s) or guardian to a tuition refund or class credit.

Billing Information

We offer three options for payment of dance classes. Please choose one from the list below.

- Auto Pay** For no additional fee, we will charge your credit card monthly. Please make sure the card you use does not expire prior to May 2021. Please choose the day of the month you would like to be charged. Your costume fees will automatically be charged to this card on October 16, 2020.
- Monthly Billing** For a one-time \$10 fee, we will mail you monthly invoices that you will then pay for by cash, check, or charge.
- Two Installment Plan** We will split your bill in half. Your first payment will be due on September 1, 2020, and your second payment will be due on February 1, 2021, You will be billed for your costume on October 16, 2020. No additional \$10 fee.
 - Check here if you want to auto pay your two installments and costume fee.

FOR CREDIT CARD USE (We accept MasterCard, Visa, Discover, or AmEx)

Account # _____ Exp. Date ____ / ____

Cardholder's Name _____ Security Code: _____

If using Monthly Auto Pay, pick the day of the month you would like us to charge your card: _____

If any of your registration is incorrectly or incompletely filled out, your registration will be put aside until corrected. Please carefully fill out this form so that you will not lose your place in line.
Call Julie if you have ANY questions: (563) 344-4170.

Permission to Participate
INDEMNIFICATION
WAIVER OF PARENTAL CLAIMS

THE CITY OF BETTENDORF REQUIRES THIS FORM BE SIGNED BEFORE PARTICIPATION IN A CITY SPONSORED ACTIVITY. IF THIS FORM IS NOT SIGNED, YOU OR YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE. DO NOT SIGN IF YOU HAVE ANY QUESTIONS.

If you are signing on behalf of a minor, both parents must sign. In the case of a single parent home, the custodial parent must sign. If you are registering your child for class electronically, completion of the registration will be considered your consent and agreement with this document.

1. You agree to release, waive, and hold harmless the City of Bettendorf, the Bettendorf Community School District, agents, employees, volunteers, and contractors of either entity (Collectively referred to as "RELEASEES") from any and all liability which may accrue to you from your child's participation or your participation in the following activity:

 2. This release waives all of your claims whatsoever, known or unknown, which may arise by virtue of your child's participation or your participation in the activity, including injury or death, and damage to property, however such claim may arise, including but not limited to breaches of duty (such as breach of the duty of care) and acts of current or future negligence by Releasees, their respective officers, employees, or agents, including, but not limited to, negligent care, supervision, or control. This release waives any of your claims whatsoever against the Releasees arising from the actions of any other participant in the activity or any other third party. Further, this release covers all activities immediately before and after participation, including transportation to or from the event, and waiting for rides from City or School facilities after the event.
 3. You agree to defend and hold harmless Releasees, their respective officers, employees, or agents against any claim, cause, loss, cost, or damage whatsoever, including attorney fees, that arise from the above-described activity or your child's participation in the above-described activity, including, but not limited to damages for injury to your child or another person. This means, in part, that in the event something happens to your child during his/her participation in the activity, and your child decides to sue the Releasees, that you agree to pay any sums awarded to your child, and to pay the Releasees' attorney fees incurred in the defense of any litigation. You are also agreeing to pay for any damage caused by your child during participation in the activity.
 4. Participation involves a risk of injury. By signing this form, you represent that you have considered the risks of your child's participation or your participation in the activity, have obtained any medical clearance necessary to participate, and you or your child are able to participate without harm to your child, yourself or others. You represent you or your child will use any program equipment with care for himself/herself, yourself, other participants, and the surroundings. You have evaluated the risks of participation in the event by your child, and grant permission for your child to participate.
 5. In the event of injury, program supervisors shall administer basic first aid, and shall summon emergency services via 911. Supervisors are not trained to provide detailed medical care, and shall not, without prior agreement, provide medications. All costs of emergency care are the responsibility of the participant/participant's legal guardian(s). NO INSURANCE IS PROVIDED BY THE CITY FOR INJURY TO PARTICIPANTS. All claims for reimbursement of medical care costs, including emergency transportation, for you or your child are hereby waived.
 6. Parents or others may take audio or video recordings of the participants. The City does not supervise or restrict recordings of public activities by third parties. You agree that photos or videos may be used in promotional materials produced by the City to encourage participation in the activity.
 7. You and your child agree to follow all rules of conduct established in conjunction with the activity. Failure to follow the rules will result in removal from the activity, and you and your child agree that any program fees paid will be kept and not refunded. In the event of a problem while engaged in the activity, notify the activity manager/supervisor.
 8. This Permission to Participate and Hold Harmless is given in partial consideration of you and your child being allowed to participate in the activity described, and binds yourself, your personal representatives, and any heirs or assigns.
 9. In the event a court of competent jurisdiction declares any part of this indemnification agreement to be invalid, the balance of the agreement shall be deemed to survive and be binding upon you.
- I HAVE READ THIS DOCUMENT CAREFULLY, AND UNDERSTAND IT.
I AM SIGNING THIS FREELY AND WITHOUT RESERVATION OR CONDITION.
(IF YOU HAVE ANY QUESTIONS ABOUT THIS DOCUMENT DO NOT SIGN IT. CONTACT AN ATTORNEY TO ASSIST YOU.)

Dated this _____ day of _____, 20____.

Program Participant

Parent

(signature)

_____ (print name)

Parent

(signature)

_____ (print name)