

# HSA DANCE

## SUMMER INTENSIVE 2018 REGISTRATION FORM

JULY 9 - AUGUST 3 • AGES 11-25

Please complete this Registration Form in its entirety in order to register your child for **HSA Dance Summer Intensive 2018**. The summer intensive will begin **Monday, July 9, 2018** and concludes on **Friday, August 3, 2018**. All applicants are also responsible for submitting a signed copy of the **Student Medical Form**, complete all other registration documents (Conduct & Discipline, Photo/Video Consent, Emergency Contact). **ALL FORMS MUST BE SUBMITTED IN PERSON. Final payment and other registration documents for HSA Dance Summer Intensive are due no later than June 21, 2018.**

OFFICE USE ONLY

- 4 Weeks (July 9 - August 3)  
 2 Weeks (July 23 - August 3)  
 1 Week

**CAMPER INFORMATION** *Please print*

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Age (by July 9, 2018) \_\_\_\_\_ Grade \_\_\_\_\_

Female  Male Camper's DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  New camper  Returning camper  1199

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian's Name #1 \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Shoe Size (U.S.) \_\_\_\_\_  Ballet Shoe Size \_\_\_\_\_  Jazz Shoe Size \_\_\_\_\_  Street Shoe Size \_\_\_\_\_

Dress Size \_\_\_\_\_ Leotard Size \_\_\_\_\_ Pant Size \_\_\_\_\_

T-SHIRT SIZE  S  M  L  XL  OTHER \_\_\_\_\_

**EMERGENCY CONTACT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**AUTHORIZED PICK-UP\***

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Mobile Phone \_\_\_\_\_

*\*Only adults over the age of 18 are authorized to pick up campers. Only the adult listed will be permitted to pick up your camper in addition to the Parent/Guardian. Any child going home with an escort must be at least 10 years of age.*

**EMERGENCY RELEASE**

**I give permission, in the event of an emergency, for first aid to be administered. I understand that this may include transportation by ambulance to the nearest hospital and that every effort will be made by HSA to my Emergency contact.**

Parent/Guardian Name \_\_\_\_\_ (Please Print) Signature \_\_\_\_\_

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### MEDICAL & SOCIAL HISTORY

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy \_\_\_\_\_

Allergies (Medication, Foods, etc) \_\_\_\_\_

Please list any Medical Problems, including diagnosis \_\_\_\_\_

Is your child currently on any medications, including inhalers?  Yes  No If yes, name of medication \_\_\_\_\_

If yes, does the medication need to be taken during camp hours?  Yes  No

If yes, written permission must be submitted by the guardian allowing your child or a camp counselor to administer.

Is your child taking a break from any medication this summer? \_\_\_\_\_

Please list any behavioral issues that would be helpful for us to know about \_\_\_\_\_

### SESSIONS

*Check All That Apply*

### COST

*before May 20*

### COST

*after May 20*

**Full Summer (4 weeks)** \$1,600.00 \$1,700.00 \$ \_\_\_\_\_

**2 Weeks** \$900.00 \$900.00 \$ \_\_\_\_\_

**1 Week** \$500.00 \$500.00 \$ \_\_\_\_\_

**SUBTOTAL** \$ \_\_\_\_\_

### TERMS AND CONDITIONS

**HSA Dance Summer Intensive 2018 Term:** The HSA Dance Summer Intensive begins July 9, 2018 and concludes on August 3, 2018. Please note that final tuition payments for the HSA Dance Summer Intensive at the Harlem School of the Arts are due no later than June 21, 2018. Unpaid balances as of June 22, 2018 will result in a applicant not participating in HSA Dance Summer Intensive 2018. Any registration form accepted after June 21, 2017 deadline will pay a one-time payment of tuition fees.

**Withdrawal Policies and Fees:** Once an applicant has registered, the payer of the student account is responsible for FULL payment of the classes for which the camper is enrolled. Parents/guardians wishing to withdraw a camper from camp must do so within the first two (2) weeks of the intensive by the following methods:

- Submit a withdrawal or cancellation request via email to [info@hsanyc.org](mailto:info@hsanyc.org).

Refunds are only available one month prior to July 9, 2018, minus a **\$100.00 administration fee. After July 9, 2018, NO REFUNDS WILL BE MADE.**

# HSA DANCE

## SUMMER INTENSIVE 2018 REGISTRATION FORM

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### FORMS OF PAYMENT

HSA accepts cash, bank certified checks, money orders, MasterCard, Visa, American Express and Discover Card for tuition payment. **Returned checks and failed automatic payments are subject to a \$50.00 fee.**

Agreement made as of (date) \_\_\_\_\_ and between (parent) \_\_\_\_\_ and the Harlem School of the Arts (HSA), with its principle place of business at 645 Saint Nicholas Avenue, New York, New York 10030. I, (parent name) \_\_\_\_\_ agree to pay the full tuition in the amount of \$ \_\_\_\_\_ for my selected payment option below.

HSA DANCE SUMMER INTENSIVE 2018 TUITION SCHEDULE	
FULL 4 WEEK SESSIONS	Payment #1 - 25% of TOTAL Cost of Camp Tuition Due at Registration Payment #2 - 25% Due on May 18, 2018 Payment #3 - Remaining Balance Due June 21, 2018
2 WEEK SESSION	Payment #1 - 25% of TOTAL Cost of Tuition Due at Registration Payment #2 - 25% Due on May 18, 2018 Payment #3 - Remaining Balance Due June 21, 2018
1 WEEK SESSION	100% of TOTAL Cost of Tuition Due at Registration

### METHOD OF TUITION PAYMENT

HSA offers convenient ways to pay your camp tuition.

Please select a preferred method:

- PAY IN FULL NOW
  I WILL MAKE REGULAR PAYMENTS ON OR BEFORE THE LISTED TUITION PAYMENT DATES.

Parent/Guardian Name (Please Print) \_\_\_\_\_ Parent Signature \_\_\_\_\_

- NEED PAYMENT PLAN (*Payment Plan Enrollment Form below.*)

\*Does not release you from payment obligation; REQUIRES CREDIT CARD and AUTOMATIC PAYMENT PLAN ENROLLMENT. FAILED AUTOMATIC PAYMENTS ARE SUBJECT TO A \$50.00 FEE. UNPAID BALANCES AS OF JUNE 22, 2018 WILL RESULT IN CAMPER NOT PARTICIPATING IN HSA DANCE SUMMER INTENSIVE 2018.

### PAYMENT PLAN ENROLLMENT

Please complete the credit card authorization information below. FAILED AUTOMATIC PAYMENTS ARE SUBJECT TO A \$50.00 FEE.

I authorize the Harlem School of the Arts (HSA) to charge my credit card for payment(s) for the payment plan I have selected above. I understand that my credit card on file will be automatically charged on the dates listed above. I also understand that failed automatic payments are subject to a \$50.00 penalty.

Indicate payment method:  Cash (in person only)  Visa  MasterCard  Discover  AMEX

- I authorize the credit card indicated below to be charged in the amount of \$ \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Credit Card # \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_ Sec. Code (CVV) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and accept the Terms and Conditions and the Tuition Payment Overview stated above. I understand that regardless of whether my child withdraws from the school for any reason during the term, I am responsible for the payment of full tuition, charges, and fees. If additional courses are added after this agreement is signed, I am responsible for the adjusted monthly payment amount and must have a new payment plan contract signed. I understand that regardless of the financial aid package the school offers or provides, I remain obligated to pay all tuition, charges, and fees. My signature below acknowledges approval of these terms.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### DISCLOSURE OF PERSONAL INFORMATION

HSA may disclose the personal information of a student and/or his/her parent/guardian (including, but not limited to, name, address, school, grade, age, phone number, and email address) to HSA's employees for purposes of providing and facilitating the education of the student. Those purposes include, for example, personalizing the student's educational services at HSA, addressing the student's individual interests, communicating information about HSA's activities and programs, or registering or enrolling the student in HSA courses. HSA will avoid disclosing the student and/or his/her parent/guardian's personal information to any third party unless the student (if 18 years or older) or the student's parent/guardian has consented to such disclosure, or HSA is required to do so by law or to comply, for example, with legal process or a court order.

## SUMMER 2018 STUDENT MEDICAL FORM

**Student:** \_\_\_\_\_ **Home Phone:** ( ) \_\_\_\_\_  
Last Name First Name Middle Initial

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** M F

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
Street City State

### MEDICAL EMERGENCY RELEASE

In the case of a medical emergency, the School will make every effort to contact you as soon as possible.

**Contact #1** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Contact #2** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone #** \_\_\_\_\_

In case we cannot reach you, we need your consent to allow the staff to secure the necessary health care in an emergency.

***Please read the following disclaimer and sign below.***

By signing below, the above named student (and parent(s) or guardian also signing below if the student is under 18 years of age), represent to The Harlem School of Arts that each of the person signing below understands the risks of injury that are described below, and agrees that the above named student assumes all risks associated with participation in activities offered by the School, including without limitation, dance classes, theater classes, music classes or visual arts classes, workshops or activities within. By signing below, the above-named student (and parent(s) or guardians also signing below if the student is under 18 years of age), further agree to hold harmless the School, its agents, Directors, officers and employees all as set forth below.

I am aware that participation in the Classes can be dangerous activity involving MANY RISKS OF INJURY. I hereby voluntarily assume all risks associated with participation and agree to hold harmless the School, its directors, officers, employees, and agents for all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in conjunction with my participation in any activities related to the Classes, including, but not limited to, any medical care given to me and the transportation connected therewith, except for gross negligence. The terms of this agreement shall serve as a release and assumption of risk for me, my parent (s) or legal guardian who has signed below, heirs, estate, executor, administrators, assignees and all members of my family.

To the best of the knowledge of each person signing below, the student named above is in good health and suffers no disability or condition which renders his or her participation in the classes or other activity inadvisable, or otherwise limits his or her ability to participate in such activity dance or theater activity or other activities without restriction.

I hereby authorize all representatives of the School to obtain in my behalf first aid, medical care, or if necessary admission to an appropriate health care facility, including, but not limited to, anesthesia and surgery, should such care become necessary for the treatment of any injuries I may sustain while attending the School. I also hereby consent to the administration of emergency medical treatment in the event I am unable subsequent to such injury; to give consent as otherwise would be necessary.

Any qualified medical personnel are hereby notified that this authorization is currently in effect as such personnel are directed to act upon such authorization without delay. I understand that reasonable efforts will be made to contact parents, the student's physician and/or emergency numbers given by me on this form.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## HEALTH INSURANCE INFORMATION

Name of Insurance Carrier:

Telephone Number:

Address:

Name of Subscriber:

Type of Policy:

Policy Number:

ID Number:

**PLEASE ATTACH COPIES OF YOUR HEALTH INSURANCE AND PRESCRIPTION PLAN (if any) CARDS TO THIS FORM**

If you belong to an HMO and would like your child referred to a specific primary care physician or specialist, please indicate in writing.

## HEALTH HISTORY

Allergies (including environmental):

Chronic Illnesses:

Medications:

## MEDICATION RELEASE

I give permission to The Harlem School of Arts staff to administer the following medication in age-appropriate doses to my child on an as-needed basis:

	Yes	No
Tylenol/Ibuprofen:	_____	_____
Decongestants	_____	_____
Antihistamines	_____	_____
Antacids	_____	_____

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL REPORT: *To be completed by your child's health care provider*

Annual medical checkups are required to attend The Harlem School of Arts.

### IMMUNIZATION RECORDS

According to NY state law, all students must have the following:

1. Two measles shots after their first birthday
2. One mumps, one rubella after their first birthday
3. Diphtheria/tetanus booster shot within the past 10 years
4. Tuberculin test within the past two years, if previously negative.

Students who are not in compliance with New York State Immunization laws will not be able to attend The Harlem School of the Arts.

**All exemptions must be approved, in writing, by the New York City Department of Health.**

**ATTENTION FOREIGN STUDENTS:** You must comply with NY State regulations concerning tuberculosis control. Every student must have a PPD test. BCG immunization does not exempt students from this requirement. If you had a BCG one year ago or more, you must have a PPD test and, if positive, you must have a chest X-ray and be placed on preventative antibiotic treatment. Students who are not complaint will be sent to the Department of Health for evaluation.

I verify that all immunizations are up to date for this student. Yes: \_\_\_\_\_ No: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

***Ballet training requires each student to be able to complete and participate in a full range of physical activities. I certify that this student is physically capable of participating in ballet training.***

\_\_\_\_\_  
Signature of Healthcare Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type the Name of the Healthcare Provider

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

**HARLEM SCHOOL OF THE ARTS  
CONSENT, RELEASE AND INDEMNIFICATION AGREEMENT**

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_,  
NAME NAME OF STUDENT

("the Student"), who seeks to enroll in the Summer Dance Intensive at Harlem School of the Arts ("HSA") in New York City during the period July 9, 2018 through August 3, 2018. In consideration for the Student being permitted to participate in the School, I, together with the Student, if the Student is of legal age to execute a binding agreement, (hereinafter referred to as "I/we"), hereby agree, and represent as follows:

1. I/we accept the offer extended to the Student to enroll in and participate in the School offered by HSA, and shall be bound by the terms and conditions set forth in this Agreement:
2. I/we understand that, although HSA will attempt to maintain the School as described in its publications, brochures, website and conversations, it reserves the right to make reasonable changes or modifications to the School, including but not limited to the class schedule, curriculum, faculty and staff, co-curricular and extra-curricular activities, services and housing arrangements.
3. I/we are fully familiar with the intended activities and demands of a rigorous arts training program, including both the physical fitness expectations and the inherent and unavoidable risks of injury and harm, and I/we represent and warrant that the Student is able to participate fully in the School's activities, that no health professional has advised us of any risks or conditions that would limit or impede the Student's full and safe participation, that I/we are not aware of any medical or other conditions which would limit the Student's full and safe participation in the School, and that I/we understand and accept the inherent and unavoidable risks of injury and harm that may occur due to the Student's participation in this School. I/we agree further that if the Student sustains any injury or illness prior to the commencement of the School, we shall advise HSA promptly in writing so that an assessment can be made whether the Student can participate in the School.
4. I/we are fully familiar with the School's location in Manhattan, which is an urban area; understand that the Student will be traveling in and around New York City for classes; and understand that there are inherent and unavoidable risks of injury and harm in such situations and activities; and I/we accept the inherent and unavoidable risks of injury and harm that will exist for the Student as a result of the Student's participation in this School. I (the parent or legal guardian) have discussed these matters fully with the Student, and represent and warrant that the Student understands the risks of injury and harm and will accept the responsibility for and comply with all School rules and regulations and directions of School staff intended to assist the Student in adapting to a program in an urban setting.
5. I/we accept responsibility for medical expenses (including treatment, medical devices, emergency room visits, ambulances, and hospitalization, whether or not covered by insurance) for any injuries or illness that the Student may sustain or experience while participating in the School; and warrant that (if applicable) the Student will provide proper identification and information to secure medical insurance coverage; and that I/we will promptly reimburse fully HSA and/or any of its employees who advance costs to secure medical treatment for the

Student. I/we hereby grant permission for the Student to receive emergency medical treatment as appropriate during participation in the School as may be authorized by an adult member of the School staff.

6. I/we understand that the Student will be subject to the School's policies, rules and regulations concerning conduct, procedures and activities, which rules are set forth as an attachment to this Agreement, and acknowledge these may be amended from time to time during the School year, and I/we agree to be bound thereby. I/we understand and agree that the Student will conduct him/herself in an appropriate manner while participating in the School and during related activities. I/we understand and agree that the School is designed to provide rigorous and challenging training for the Student, and that certain conduct and activities would be detrimental to the Student's ability to participate in and profit from the School; therefore, the School unconditionally prohibits conduct by Students involving; (i) unauthorized absence from School classes; or (ii) conduct which endangers the health or safety of the Student or others. I/we understand further that HSA reserves the right to decline to retain the Student in the School at any time should the Student's actions, conduct or general behavior, in the sole discretion of HSA, be determined to interfere with, impede, obstruct or contravene the best interests of the School, the individual Student, other enrolled Students, and/or HSA.

7. I/we understand that the Student's non-refundable tuition and fees are due on payment dates referenced in the Harlem School of the Arts (HSA) catalog and registration. Failure to pay the full amounts due may result in the Student being barred or discharged from the School. In the event the entire School is cancelled by HSA before it commences, HSA will make every reasonable effort to refund tuition paid. If a Student's illness or injury, as determined by HSA in consultation with medical professionals, renders a Student unable to safely participate in or continue with the School, HSA will take under consideration a request for a partial refund of tuition only; with a final determination to be made at the conclusion of the School. If a tuition refund is granted based on the specific circumstances, I/we understand it would be pro-rated to reflect the length of a Student's participation in the School to the date of withdrawal.

8. I/we understand that if the Student has to take prescription medication or receive scheduled medical treatment, we shall notify the School in writing, and shall consult with the School as to appropriate arrangements. It is not the responsibility of the School to make such arrangement.

9. I/we understand and agree that during the course of the School, the Students may be photographed and/or videotaped during School activities or performances, and I/we grant to HSA an unrestricted right to use in any form the image, picture, likeness, voice, and/or name of the Student for all HSA and commercial purposes.

10. I/we agree to abide by the policies and procedures established by HSA for the prudent operation of the School that restrict visitation to the classes and that governs a Student's permission to be away from the School with family or family acquaintances. I/we agree to provide the School with information on how to reach parents and/or guardians and/or emergency contact individuals in the event of travel, and to provide adequate information if parents and/or guardians are party to an agreement that sets forth custodial rights with regard to the Student.

11. I/We agree to be responsible for the prompt drop-off and pick-up of the Student and will be solely responsible for any arrangements made for drop-off and pick-up by another adult/acquaintance when we, the parents/ legal guardians, are unable to. HSA shall not be responsible for making such arrangements or for ensuring that they take place.

12. Knowing the risks and responsibilities described in this Agreement and which generally may arise from participation in an activity such as the School, and in consideration of being permitted to participate in the School, I/we agree, on behalf of the Student, the Student's parents/legal guardian, family, heirs and personal representatives, to assume all risks and responsibilities surrounding the Student's participation in the School. To the maximum extent



permitted by law, I/we release, waive, indemnify and hold harmless the Harlem School of the Arts (together with its affiliated entities), its past, present and future trustees, directors, officers, employees, students, agents and assigns (whether acting as agents for HSA or in their individual capacities) (hereinafter, collectively "HSA"), from and against any present or future claim, loss, cause of action, costs, fees, fines, penalties (including reasonable attorney's fees and court costs) or other liability for injury to person or property, whether in law or equity, which I/we may suffer, directly or indirectly or for which we may be liable to any other person, as a result of the Student's participation in the School and School-related activities (including periods in transit to or from where the School is being conducted), as a result of the actions of a third party, or as a result of the negligence (other than gross negligence) or any other act or omission on the part of HSA.

13. I/we agree that this Agreement is governed by the laws of the State of New York applicable to contracts made and wholly to be performed in the State of New York, and that any dispute arising from or relating to the Student's participation in the School, or this Agreement, shall be brought and adjudicated in the Supreme Court of the State of New York, County of New York, or the United States District Court for the Southern District of New York. Should any provision of this Agreement be found to be unenforceable, all remaining provisions will continue to be in full force and in effect.

14. This Agreement represents the complete understanding of the parties concerning responsibility and liability for the Student's participation in the School, supersedes any previous or contemporaneous understandings, whether written or oral, and cannot be changed or amended except by a writing signed by both parties.

I/we have carefully read this Agreement before signing it and fully understand its terms and conditions and am signing it voluntarily with the intent to be legally bound.

I, as parent/legal guardian, represent that I have the authority to execute this agreement on behalf of myself and the Student, provided that if the Student is eighteen (18) years of age, his or her signature below, is legally binding as well.

---

(SIGNATURE)

Exhibit A:

HSA Summer Dance Intensive 2018 Tuition, Fees, & Policies

- \$1600** (Four Week Session) ***when you register before May 20***
- \$1700** (Four Week Session) when you register after May 20
- \$900** (Two Week Session)
- \$500** (One Week Session)

Timeline:

1. 25% of TOTAL Cost of Tuition due at Registration
2. 25% of Tuition Balance due **May 18, 2018**
3. FINAL Tuition Payment due **June 22, 2018**

Policies:

1. Families may elect to pay the required minimum of 25% or the full 100% of tuition at the time of enrollment.
  2. HSA accepts Cash, AMEX, Master Card, Visa, Discover and checks made payable to The Harlem School of the Arts.
  3. Tuition payments must be completed by the above timeline to hold a student's place in the program.
  4. If a student's class placement changes after the time of registration, HSA's Registration Staff will be in touch and will adjust the total tuition amount.
  5. Once a student has registered, the payer of the student account is responsible for FULL payment of the class (es) for which the child is enrolled. Parents/guardians wishing to withdraw a child from a course must do so within the first two (2) weeks of the semester, or after the student has been registered, by the following methods:
    - a. Submit a withdrawal or cancellation request via email to info@hsanyc.org.
    - b. Contingent upon receipt of an email or written request to withdraw a child from a class, payers will receive a refund. A \$100.00 administrative fee will be applied and deducted from the refund without exception. HSA will not provide a refund after the first two weeks of the semester or two weeks after a student has been registered.
    - c. If a student must withdraw due to severe illness or injury that occurs while attending HSA, he/she may be eligible for a partial refund only with a written note from a physician
  6. There are no refunds for dismissal; if a student is dismissed for reasons of unacceptable conduct, there is no refund on tuition and families will also be responsible for remitting the full tuition balance.
- 

PARENT/LEGAL GUARDIAN/STUDENT MUST SIGN

BY PARENT/LEGAL GUARDIAN/STUDENT *(if over 18 years old)*

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name Relationship

BY STUDENT

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name Age at Execution