

Summer 2022 Registration Form and Fitness Agreement

Print Name (Student) _____ Age: _____

Parent Name _____ Date: _____

Please Select One: In-person
 Online Only

Class(es) Desired _____

Address _____ Apt. _____

City _____ State _____ Zip code _____

Home Phone _____ Business _____

Cell _____ E-mail _____

Warranty of Fitness and Agreement to Limitation of Liability

I hereby certify that I am physically capable of participating in this exercise program designed by Michele Compa Dance and Exercise Center. I have no physical disability, impairment, or ailment that would prevent me from engaging in such active or passive dance exercise programs; nor do I have any physical conditions which should detrimentally aggravate.

Furthermore, I agree that I shall participate in classes and use the facilities entirely at my own risk and agree not to hold Michele Compa or any of her employees liable for any injury or damage which may occur to me in the above said class.

I also understand that classes paid for must be taken within the session period. Class monies may not be credited toward future sessions. There are no refunds without an authorized medical excuse.

Student Name: _____ Date: _____

Parent Name (if under 18): _____

Parent/Student Signature: _____

Summer 2022 Warranty of Fitness and Agreement to Limitations of Liability For Online Dance and Exercise Classes

I hereby certify that I and/or my child/children are physically capable of participating in this exercise program designed by Michele Compa Dance and Exercise Center. I/my child/my children have no physical disability, impairment or ailment that would prevent me from engaging in such active or passive dance exercise programs; nor do I/my child/my children have any physical conditions which should detrimentally aggravate.

Before participating in any online dance or fitness classes you should follow this instructions for online classes:

- Make sure you or your child wear athletic sneakers or appropriate dance footwear and clothing appropriate for dance and fitness movements
- Make sure you have enough room to move safely and comfortably
- Make sure your space is clear of all obstacles which could cause a slip, fall or any other injury

Furthermore, I agree that I/my child/my children shall participate in classes online entirely at my own risk and agree not to hold Michele Compa or any of her employees liable for any injury or damage which may occur to me in the above said class.

Child/Student's Name: _____

Sibling(s) Name (if applies): _____

Parent Name (Printed): _____ Date: _____

Parent Signature: _____

**Summer 2022 Covid-19 Pandemic
Michele Compa Dance & Exercise Consent Form**

I, _____ knowingly and willingly
consent for me or my child (or children) _____
(if applicable) to taking dance, gymnastics or exercise classes during the Covid-19 pandemic.

Please initial:

_____ I understand the Covid-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limited in virus testing.

_____ I understand that due to the frequency of visits of other clients, the characteristics of the virus and the characteristics of dance, gymnastics and exercise classes, that I or my child have an elevated risk of contracting the virus simply by being in the studio.

_____ To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the studios strict guidelines (outlined below).

Michele Compa Studio Regulations During Covid-19

Please initial:

_____ All children under 12 and unvaccinated teens and adults must wear masks at all times. Further masking mandates for those vaccinated will be determined according to circumstance.

_____ Anyone with a temperature 100 degrees or greater will not be admitted into the studio. Temperature checks and hand sanitizing will take place as you enter the building.

_____ Anyone with any respiratory symptoms for any reason (cold, allergies, asthma, etc.) will not be admitted to class. It is impossible to discern whether the symptoms are due to Covid or not.

_____ We will be conducting class online (via Zoom) and in person. People who wish to stay online will register that way.

_____ If the city mandates a shut down or if there is an outbreak of illness at the studio, classes will go online for the quarantine period. There will be no refunds extended if that occurs.

_____ If things change and we are required to go back to 100% virtual learning, Michele Compa will not be issuing any refunds as all classes will continue online for the remainder of the semester.

You can pay via GooglePay, by calling in a credit card and/or by mailing in a check to the studio. If you wish to buy shoes and/or leotards etc. please go to the website and sign up for a time to come in to pay/register in person or to shop at the boutique.

I have read these regulations and agree to be in compliance for myself and/or my child.

Student Name: _____ Date: _____

Parent Name (if under 18): _____

Parent/Student Signature: _____