

Kim Hohman's DanceWorks

11199 Van Wert-Decatur Rd.

Van Wert, OH 45891

419-232-6505

Application for Kim Hohman's DanceWorks.

Please return with registration fee. Application is not valid without completed Emergency Medical Authorization form and Assumption of Risks and Release form.

Registration fee \$20.00 per dancer/\$35 per family.

PLEASE USE ONE APPLICATION PER DANCER.

Student's Name _____

Parent's Name _____

Address _____ City _____ Zip _____

Phone _____ Cell Phone _____ Age _____

Grade _____ (08-09 school year) Birthdate _____

E-mail _____

Emergency Contact Person _____

Emergency Phone _____

This will be my _____ year of Dance with Kim Hohman's DanceWorks, as of the 2008-2009 season.

Have you had previous dance experience other than with Kim Hohman's DanceWorks? _____

If yes, how many years? _____

**Please send application, attached forms, and registration fee to:
Kim Hohman's DanceWorks, 11199 Van Wert-Decatur Rd. Van Wert, OH 45891**

FOR OFFICE USE ONLY: Date Received _____ Check# _____

CLASS OFFERINGS
2008-2009 DANCE SEASON

Please check all that you are interested in.
All classes are held once a week and tuition is based on a monthly fee.

Age 2 or Young 3-Creative Movement

30 minute class weekly, \$30 per month

Age 3- Preschool Combo

45 minute combination class (ballet and tap) weekly, \$35 per month.

Jazz 15 minute class, \$5 additional (must be enrolled in combo)

Grade K-1 Combo

45 minute combination class (ballet and tap) weekly, \$35 per month

Jazz (can enroll in jazz if in combo class, \$10 additional)

Grade 2-12

30 minute class \$30 first class, \$15.00 each additional class

Ballet (2nd & 3rd grade)/Lyrical (4th grade and up)

Tap

Jazz

Clog

Hip Hop

Pointe (grades 7-12; 45 minute class, can only be taken if enrolled in lyrical or technique)

Boys Hip Hop

30 minute class, \$30 per month

Cheerleading/Pom

Age 3 and up, 30 minute cheer class \$30, (\$15 if enrolled in dance)

Adult class

45 minute class \$35 first class, \$15.00 additional class

Clog

Jazz

Competition Teams, (Grade 2 and up)

Check here if you are interested in auditioning for competition classes. Those making the dance companies will be required to take an additional technique class once a week at the cost of \$15 per month. If you are interested in auditioning for our companies you will be required to take the summer technique camp in July, where dancers will be evaluated and audition material will be taught.

Please check those you are interested in auditioning for:

Lyrical

Clog

All Star

Tap

Acro

Hip Hop

Jazz

Pom

*You will be asked again in July to verify those classes you wish to audition for.

EMERGENCY MEDICAL AUTHORIZATION

KIM HOHMAN'S DANCEWORKS

Student's Name

1st phone number for emergency

PURPOSE - To enable parents and guardians to authorize the provisions of emergency treatment for children who become ill or injured while under Kim Hohman's DanceWorks authority, when parents or guardians cannot be reached.

PART I OR II MUST BE COMPLETED

PART I – To Grant Consent

In the event reasonable attempts to contact me at _____ (phone)
or _____ (other parent/guardian) at _____ (phone)
have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by _____ (preferred physician) or _____
(preferred dentist) or in the event the designated practitioner is not available, by another licensed physician or dentist, and the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

May your child have Tylenol if they have a headache: Y _____ N _____

Date _____ / _____
Signature of Parent/Guardian Witness Initials

*****DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I*****

PART II – Refusal To Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Kim Hohman's DanceWorks authorities to take no action or to: _____

Date _____ / _____
Signature of Parent/Guardian Witness Initials

**KIM HOHMAN'S DANCEWORKS
PARENT/LEGAL GUARDIAN
ASSUMPTION OF RISKS AND RELEASE**

I understand that dancing/tumbling can involve the risk of serious injury. These risks of injury include the possibility of neck and spinal injuries, and other injuries to the body, nerves, joints, ligaments, muscles, etc. I also understand that permitting my child or ward _____ to participate in the Kim Hohman's DanceWorks program is to subject my child to the possibility of injury as outlined above.

In consideration of Kim Hohman's DanceWorks permitting my child to participate in its dancing/tumbling program, I hereby agree **to assume all of the risks of injury** to my child or ward associated with said program.

I agree to **RELEASE** Kim Hohman's DanceWorks, its employees, agents, representatives, coaches, and other volunteers from any liability while attending classes, participating in exercises or using tumbling equipment or facilities, or following dance/tumbling instructions in or out of the studio or location.

I agree that the terms hereof shall serve as an **ASSUMPTION OF RISKS and a RELEASE** for my heirs, estate, executor, administrator, assigns and for all members of my family, and I further agree that if any part of this **ASSUMPTION OF RISKS AND RELEASE** is held void, the remainder shall continue in full force and effect.

CAUTION

BY SIGNING THIS ASSUMPTION OF RISKS AND RELEASE, I ACKNOWLEDGE THAT I HAVE READ ITS CONTENTS AND WARNING AND THAT I UNDERSTAND ITS CONTENTS AND WARNING AND THAT I AGREE TO ITS TERMS.

Signed this _____ day of _____, (year) _____.

Signature of Parent/Guardian
Or dancer/tumbler of legal 18 years of age

Witness

Witness

I, _____, as the parent/guardian of _____, hereby give my express consent to Kim Hohman's DanceWorks, LLC, to use/publish my/ my child's photograph/image for studio advertisements, promotions and/or media releases.

Parent/Guardian